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ABSTRACT

This resource curriculum outline for grades 9 through 12 contains a content outline; sample teaching strategies; illustrations for making transparencies and dittoes; print, non-print, and film resources for teaching family life and human development. The activities are adaptable to a variety of classroom situations and teaching styles. The teaching strategies are constructed to give students an opportunity to interact with one another. The strategies provide a structure in which students can explore attitudes, gain relevant knowledge, and acquire the skills to make sound decisions. A brief exposition defining a philosophy of family life and human development precedes the content outline. Four appendices, which constitute the greater part of the document, follow the outline. Appendix A identifies sample teaching strategies. Appendix B offers a brief selection of word find games. Appendix C consists of a set of teaching illustrations (black and white drawings), and Appendix D lists additional resources. (RSL)

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FAMILY LIFE AND HUMAN DEVELOPMENT

Grades 9-12

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Upper Marlboro, Maryland 20772
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INTRODUCTION

This resource curriculum is designed for use by high school teachers of Health Education in Prince George's County Public Schools. It contains a content outline; sample teaching strategies; illustrations for making transparencies and dittoes; print, non-print, and film resources for teaching Family Life and Human Development.

Teachers will find that the activities are adaptable to a variety of classroom situations and teaching styles. The teaching strategies were constructed to give students an opportunity to interact with one another. Most importantly, they provide a structure in which students can explore attitudes, gain relevant knowledge and acquire the skills to make sound decisions. Much of the content in this curriculum was gleaned from curricula already in use in our county schools.

It is anticipated that this curriculum will be augmented by other appropriate teaching strategies, continued participation in human sexuality training, and through the utilization of the varied resources available locally that are approved for use in Prince George's County Public Schools.

A PHILOSOPHY OF FAMILY LIFE AND HUMAN DEVELOPMENT

We believe that children as well as adults want to know about themselves, their physical makeup as well as their emotional and psychological aspects.

We believe that accurate sex information in a balanced, planned, progressive program be given to students to care for their needs at each level of maturity.

We believe that questions regarding sex and sexuality should be answered honestly and with sufficient information geared to the students' levels of maturity.

We believe that students, kindergarten through twelfth grades, are capable of understanding accurate knowledge on their level when honestly given, that will help them understand their own sexual growth and behavior.

We believe in the concept of wholeness emerging from an integrated body, mind and personality and agree that environment plus heredity and the personalities about us account for one's psychosexual development.

We believe that the dignity of humans is enhanced by an acceptance of self, a measure of self-esteem and self-worth.

We believe that this self-worth can be aided by more complete understanding of one's sexuality.

We believe that all individuals are unique and are better able to contribute to society if they understand their emotions throughout life with special emphasis during adolescent years.

We believe that with increased knowledge from the social sciences and pure sciences, an informed individual emerges who can better interpret changes in the world, solve the problems of living and attain a higher level of consciousness and living.

We believe that love is a vital force in our society and that love, response and trust are qualities that aid in effective living.

We believe that wholesome attitudes can be formed or changed by understanding one's own sexual maturation and understanding the development and growth of others.

We believe that content in courses in sex education should include facts, feelings and decision making.

We believe that teachers should acknowledge the sexual feelings of students and guide them into accepting responsibility for their behavior and the management of their emotions.

We believe that control of one's sexual drives or urges is related to one's maturity.

We believe that the teacher should guide rather than indoctrinate.

We believe that teachers should be well adjusted, have mature personalities and not be blocked or inhibited by their own feelings.

We believe that the curriculum of sex education should supplement rather than substitute for the learning experiences in the home, church or through reading.

We believe that the parents and community should have opportunity to review materials and ask questions regarding a program before it is initiated and/or as it progresses.

We believe that sex education is vital to growth and maturity but is not a panacea for all social problems.

We believe that students adequately informed in sexual matters are more aware of their responsibilities to their friends, family, community and society.

We believe that as students gain more understanding of themselves and their feelings they will have more respect for others and be better able to manage themselves as citizens in this world of threat and danger as well as change and opportunity.

Content Outline

FAMILY LIFE AND HUMAN DEVELOPMENT

CONCEPTUAL STATEMENT: Genetic perpetuation forms the basis for human growth and development.

Subconceptual Statements:

All living things are capable of reproducing their own kind.

Certain characteristics of living things are inherited.

Patterns of growth and development are predictable within limits but are unique for each individual.

Genetic endowment interacting with the environment affects man's growth and development.

Behavioral Objectives:

1. Given the stages in the reproductive cycle of human beings, the student will be able to arrange these stages in sequence from conception to birth and to describe the processes that occur at each stage.

2. Given a description of an individual's characteristics and the family and environmental background, the student will be able to identify those hereditary and environmental factors which appear to influence the individual's unique growth and development.

3. Given a problem concerning genetic perpetuation, the student will be able to develop a plan which is designed to alleviate the problem.

4. Given a factor that influences human inheritance, the student will be able to make a personal decision concerning human propagation and to explain how it improves the quality of life.

Behavioral Objective 1: Given the stages in the reproductive cycle of human beings, the student will be able to arrange these stages in sequence from conception to birth and to describe the processes that occur at each stage.

CONTENT	ACTIVITIES
Reproduction is a complicated process which starts with conception and normally ends with birth.	
I. The male and female are equal contributors of genetic material in human reproduction.	Use overlays to diagram the process of meiosis-spermatogenesis and oogenesis.
A. All living cells come from other living cells through two general types of cell division.	Have students define the terms gene and chromosome, and give a simple description of their function with regard to inherited characteristics.
1. Mitosis - growth and body maintenance	
2. Meiosis - special division for producing mature reproductive cells	Make a paper model of a pair of chromosomes showing the genes each chromosome contains. Show how these are transmitted from parent to offspring.
a. Meiosis in males leads to the production of four mature functional sperm from one spermatogonium	Have students research the chromosome pattern of different animals. Make up a test to use the information. Example: If I had _____ chromosomes, I would be a frog.
Male - Spermatogenesis	
b. Meiosis in the female leads to the production of one mature ovum from one oogonium	Look for information supporting or refuting the statement that color television, microwave ovens, and dental x-ray units cause chromosomal breakage.

CONTENT

Female - Oogenesis

Contains the majority of cytoplasm

c. In the first division of meiosis, the number of chromosomes in each cell is reduced from 46 to 23

d. The resulting cells of the second meiotic division also contains 23 chromosomes.

B. The female factors in reproduction

1. Ovum or egg

a. Single cell, round in appearance and containing small nucleus and much cytoplasm

b. Microscopic size - barely visible

c. Non-mobile - pushed by muscular contractions

d. Usual release at the time of ovulation

e. Normal life span - six to eight days after release

ACTIVITIES

Using the materials, develop a bulletin board and draw conclusions from the findings.

Have students develop models to demonstrate an oogonium, the cell at the end of meiosis I, and the cell at the end of meiosis II. Do the same for a spermatogonium. Use play dough to make cells and pipe cleaners for chromosomes.

Ask students to research the ways in which living things reproduce. Compile the information into a book form, including a table of contents and a glossary.

CONTENT	ACTIVITIES
f. One complete set of chromosomes - 22 autosomes plus one sex chromosome	
2. Organs a. Ovaries b. Fallopian tubes c. Uterus d. Vagina	Have students label a diagram of the female reproductive organs. Do the organs develop at different rates of of growth? Explain.
3. Menstrual cycle a. Post-menstrual phase b. Inter-menstrual phase (1) Eggs matured in ovary (2) Ovulation takes place (3) Egg may become fertilized in Fallopian tube (4) If not fertilized in the Fallopian tube within 12 hours, the egg disintegrates c. Premenstrual phase d. Menstruation	Refer to the approved list of resources for appropriate films, filmstrips, slides, and transparencies for the anatomy and physiology.
4. Carrier of the child	
5. Menopause	
C. The male factors in reproduction	
1. Sperm a. Single cell with head region and tail b. Microscopic in size	

CONTENT	ACTIVITIES
c. Mobile - capable of movement d. Large number during release - 200-500 million e. Normal life span after release 24 to 48 hours f. Complete set of chromosomes - 22 autosomes plus one sex chromosome 2. Organs a. Penis b. Scrotum and testes c. Sperm duct-vas deferens d. Seminal vesicles e. Epididymis f. Prostate g. Urethra 3. Semen - a mixture of sperm and fluids 4. Semen emissions a. Nocturnal emissions b. Ejaculations (1) Masturbation (2) Sexual intercourse 5. Presence or absence of male's x chromosome determines sex of child	
II. Conception is the union of the sperm and egg resulting in pregnancy	Discuss with students superstitions or old wives' tales regarding foods eaten during pregnancy. Discuss with the class

CONTENT	ACTIVITIES
A. The meeting of the sperm and the egg is a chance meeting, and it takes place in the Fallopian tube. B. As a result of meiosis, the sperm carries 23 chromosomes and the egg carries 23 chromosomes. When they unite, a zygote with 46 chromosomes is formed. C. The sperm enters the egg by chemically producing an opening in the wall of the membrane. Fusion of the sperm nucleus and egg nucleus occurs. III. Fertilization results in a zygote A. The united sperm and egg is a zygote. B. The single cell zygote is genetically a new individual C. The existence of the single cell zygote lasts from 12 to 24 hours. Then growth begins by cell division called mitosis.	the validity of these ideas in relation to proper nutrition. This activity could include other superstitions; e.g., pregnant mothers who look at monkeys may mark their child.

CONTENT	ACTIVITIES
IV. When mitosis begins, the individual is called an embryo.	
A. The embryo attaches to the wall of the uterus approximately a week after fertilization.	
B. The placenta is formed and the individual begins to feed from the mother rather than from the yolk of the egg.	
C. The growth and development of the embryo continues by mitosis for approximately 8 weeks.	
V. The fetal stage is a continuation of growth by mitotic division.	
A. Organism takes on human like appearance.	
B. Specialized organs and body systems grow.	
C. Pregnancy becomes obvious to others.	
D. Heart beat and movements are detectable.	
E. Fetal stage continues through birth.	

CONTENT

ACTIVITIES

VI. Reproduction is a complicated process which starts with conception and normally ends with birth.

A. Birth - usual termination of pregnancy

1. Natural birth may be viewed in the following stages:
   a. Labor
      (1) Mild contraction
      (2) Water breaks (amniotic sac)
      (3) Dilation of cervix
      (4) Increased uterine contraction
   b. Delivery - expulsion of fetus, usually head first
   c. Completion of birth process
      (1) Tying of cord and cutting of umbilical cord
      (2) Expulsion of afterbirth - placenta

CONTENT	ACTIVITIES
B. Other - Caesarean birth -- surgery	
1. Planned	
2. Emergency	
VII. Lactation is the production of milk by the breasts	
A. When the placenta is delivered, the levels of estrogen and progesterone are suddenly decreased	
B. When the above two hormones are decreased, the pituitary gland releases LH.	
C. LH causes the breasts to produce milk	
D. Continued milking of the breasts causes continued release of LH which causes continued milk production.	

Behavioral Objective 2: Given a description of an individual's characteristics and the family and environmental background, the student will be able to identify those hereditary and environmental factors which appear to influence the individual's unique growth and development.

CONTENT	ACTIVITIES
There are hereditary and environmental factors which influence the individual's unique growth and development. I. Hereditary factors A. Sexuality 1. Male a. Chromosomal (1) X-Y chromosomes (2) Collective genetic influence b. Genital (1) Scrotum-testes (2) Sperm (3) Hormones a) Testosterone b) Androgen (4) Vas deferens (5) Penis a) Erection b) Nocturnal emissions c. Maturation (1) Secondary sex characteristics (2) Production of sperm	Discuss menopause. Can menopause affect a female's interpersonal relationships? How? Can measures (physical, mental) be taken to alleviate difficulties which are encountered during the period of menopause? What? Discuss the hormonal condition of the female in pre-menopausal and post-menopausal periods. Use medical studies which show the incidence of hypertension and so-called heart attacks in the female during these periods. What relationship exists between the pre/post menopausal periods? Study the following data to determine if there is evidence to substantiate the theory that because of differences in chromosomal make-up the male is genetically inferior to the female. Number of males conceived versus number of females conceived. Number of males born versus number of females born. Number of males at age 21 versus number of females at age 21. Number of males at age 90 versus number

CONTENT	ACTIVITIES
d. Gender role behavior	of females at age 90.
2. Female	Is there a difference in the ratio?
a. Chromosomal	How do you account for it?
(1) X-X chromosomes	What can be said about male physical
(2) Collective genetic influence	vulnerability versus female physical vulnerability?
b. Genital	Did you find any evidence that contra-
(1) Ovaries	dicts the theory of female genetic
(2) Ovum	superiority?
(3) Hormones	Present your findings to the class.
a) Estrogen	
b) Progesterone	
(4) (4) Fallopian tubes	
(5) Uterus	
(6) Vagina	
(7) Vulva	
a) Clitoris	
b) Labia	
c. Maturation	
(1) Secondary sex characteristics	
(2) Production of ova	
(3) Menstruation	
d. Gender role behavior	
B. Growth and development - potential	Identify the specific factors in the environment which would account for the
1. Physical	significant increase of and concern for
2. Intellectual	weight problems in the United States.
3. Emotional	What are possible solutions to these?

CONTENT	ACTIVITIES
C. Disease - predisposition 1. Mental 2. Physical	Examine and discuss the theories of intelligence which are based on heredity. Discuss the pros and cons of the theories. (Studies of intelligence dealing with identical twins reared together or apart; correlations between maternal parent and child versus foster parent and child could be of help here.)
D. Personality - effects 1. Nervous system 2. Metabolism 3. Hormones 4. Body type	
E. Genetic interactions - maternal influences 1. Maternal age Rh incompatibility	
F. Atypical Sexual Behaviors 1. Homosexuality 2. Bisexuality 3. Other	Prepare and present skits which portray emotional messages conveyed in a variety of ways in addition to verbal communication. (Expression of emotion is accomplished in a variety of ways: Vocal expression; e.g., grunts, squeals, tone of voice. Body activity or movement; e.g., posture, gestures, facial expressions. Spontaneous physiological body response; e.g., blushing, perspiring, increased heart rate.) Ask selected class members, particularly those who like to work with children, to conduct a cross-sectional study of the emotionality of children and identify any developmental aspects related to emotionality.

CONTENT	ACTIVITIES
	Discuss the possible problems related to a family situation wherein (a) the parents were in their late 30's when their children were born, (b) one of the three children is a victim of Down's syndrome.
II. Environmental factors	Explore and debate the implications of the following statement: "Man's genetic endowment does not stand alone. Its interaction with his environment will determine his development."
A. Internal 1. Maternal health during pregnancy a. Venereal diseases b. Tuberculosis c. Anemia d. Other health problems	Use the hypothetical case of identical twins reared apart since birth. Explain how a study of these identical twins would be valuable in terms of explaining the influences of heredity and environment on each twin.
2. Indirect maternal-fetal interactions a. Nutrition (1) Quality (2) Quantity b. Hormonal balance	Study the recent research which indicates a link between prenatal parental nutrition and the resulting health and intelligence of a child. Present and interpret your findings.
3. Birth process a. Size of pelvis b. Position of baby (1) Head presentation (2) Breech presentation c. Delivery (1) Natural (2) Accompanied by anesthesia	Analyze case studies of a family situation which involves: Children of one sex who were born to a parent or parents who desired offspring of the opposite sex.

CONTENT	ACTIVITIES
a) Local 1) Caudal 2) Saddle-block b) General	Male, only child, raised in a female household; father is either deceased or separated by divorce. A girl with six or seven brothers, or a boy with six or seven sisters. A girl or boy, an only child, with a dominant mother, or a dominant father. Assign a group to study each hypothetical situation in the activity. Ask each group to identify potential problems and to discuss the adjustments necessary as they relate to: Self-image development Gender role impact Future mate selection
B. External 1. Family a. Structures b. Background - culture c. Purpose and function d. Discipline e. Health f. Stability g. Interpersonal relationships (1) Child abuse/neglect (2) Spousal abuse	Ask the students who have siblings to identify the family environmental factors which could influence their growth and development as a male or female. Compile lists of the most commonly identified factors as representative of the average family situation. Consider the implications of the following: A father who has been absent from the family group since the birth of the children. A mother who has been absent from the family group during preschool years; during teen years. A child who has been reared by his/her grandparents.

CONTENT	ACTIVITIES
	Discuss recent changes in adoption procedures; e.g., one parent and child, parents with a child of a different race. Identify potential problems and show the necessary adjustments in relation to: Self-image development Future mate selection Gender role impact
2. Non-family a. Culture (1) Influence of tradition (2) Exposure to prescribed values (3) Exposure to various degrees of cultural refinement	Identify home, business, and school activities that are gender-oriented. Determine why these activities are gender-oriented and compare changes in them during the last 25 years.
b. Religion (1) Influence on values (2) Influence on family size a) one child b) one or more siblings	Establish a family income. Using that figure, plan a budget for a family of two, three, and four. What mental, emotional, and psychological factors may enter the picture as the family increases? What social influences become apparent as the family increases?
(3) Influence on health practices	Discuss how a change in life style may aid in overcoming undesirable inherited characteristics.
c. Society (1) Influence on standards of behavior (2) Economic opportunities	Divide the class into groups according to the number of topics to be included. Discuss each subject using the following statement:

CONTENT	ACTIVITIES
(3) Legal restrictions	"What factors may have been influential in giving rise to the general male/female difference of attitude."
d. School	Sex
(1) Influence on standards of behavior	Social relationships; e.g., dating
(2) Interpersonal relationships	Role of the married male
(3) Exposure to knowledge	Role of the married female
e. Peer group	Collect and display on the bulletin board pictures which show problems resulting from or related to various kinds of pressure. Discuss ways of dealing with these pressures.
(1) Influence on values	
(2) Influence on standards of behavior	
f. Natural conditions	Arrange students into groups which are interdenominational in make-up.
(1) Diet	Ask the students in each group to identify the difference in their religions.
(2) Health problems	Ask the students how they would resolve these differences.
a) Safety	Did any differences appear to cause a hang-up in some individuals? What?
b) Disease	Ask how religious attitudes affect genetic constitution of members; e.g., view on consanguinity; high frequency or absence of some genetic traits in Jews.
g. Human-made products and services	
(1) Solution to health problems	
(2) Cause of health problems	
(3) Life style	
a) Affluence	
b) Values	
1) Urban	
2) Inner city	
3) Suburban	
4) Rural	

Behavioral Objective 3: Given a problem concerning genetic perpetuation, the student will be able to develop a plan which is designed to alleviate the problem.

CONTENT	ACTIVITIES
Humans, with proper planning, have tne potential for alleviating any problems concerning genetic perpetuation. I. Problems A. Overpopulation 1. Food 2. Space 3. Pollution 4. Disease	Debate the following conflicting theories on how housing affects people: there is an indication of high concentrations of deviant behavior in slum areas or slum housing developments and, conversely, there is the need for friendship and tightly knit social groups fostered by close physical contact in familiar surroundings. Debate the old cliche: "familiarity breeds contempt." Identify problems in housing, education, and recreation in relation to limited space; e.g., Are high rise apartments bad for people? Devise a plan to alleviate the problems identified and present it to the class. (For example, the incidence of some diseases with a genetic component is correlated with overcrowdedness in the home; e.g., rheumatic fever and its recurrence. Compare family size in different cultures - India, South America, United Kingdom, United States, Japan. Investigate the various programs dealing with overpopulation and evaluate their effectiveness. Identify associated problems, predict new

CONTENT	ACTIVITIES
	problems, and devise courses of action that could be initiated to alleviate these problems. Consider overpopulation as a problem associated with genetic perpetuation. Develop and support a possible solution to this problem based on one of the following points of view: Legal controls Voluntary control (self-determination) Export of excess population to other planets. Set up a symposium or panel discussion on the biological, social, economic, or cultural forces that encourage, discourage, or limit the population. Devise a plan for the governmental regulation of population control (birth control).
B. Physical and mental deformities 1. Genetic material - faulty 2. Drugs; e.g., thalidomide 3. Nutrition - inadequate 4. Radiation - ionizing 5. Disease - exposure during pregnancy a. Venereal diseases b. Rubella - German measles c. Other	Identify the probable congenital effects on a child whose mother was exposed to rubella in the first trimester of pregnancy. What child-related choices does a woman have when she is aware of her exposure? Where could a woman go for counseling and help? Discuss the possible detrimental effects, based on maternal fetal interactions, of

CONTENT	ACTIVITIES
6. Rh factor 7. Other	drugs, rubella, and the Rh factor. Are there adverse effects upon the mother? the fetus? What? Identify the genetic problems which may be encountered at the time of conception as a result of: Age of parents Inadequate nutrition of mother Effects of drugs on mother Inherited predisposition to allergies Effects of additives in food Discuss new products and processes, such as the development of nuclear power, that may result in exposure of large groups of people to mutagenic agents (agents that cause mutations in humans). Study examples of how mutations might be produced.
C. Inherited predisposition to react to assimilated substances 1. Food 2. Drugs 3. Air 4. Water 5. Disease agents 6. Chemicals 7. Radiation	List assimilated substances which some individuals have an inherited predisposition to react to; e.g., penicillin, mercury, tubercule bacillus.

CONTENT	ACTIVITIES
D. Sterility 1. Male a. Sperm production - little or none b. Impotency c. Reproductive system - impaired 2. Female a. Ovulation - none b. Reproductive system - impaired	List causes of sterility in the male and in the female. Can they be overcome or avoided? How? Discuss these controversial ideas: Marriage contracts should be renewable at three-year intervals. Laws should govern trial marriages. Communal marriage should be sanctioned by law.
II. Solutions A. Family planning 1. Birth control a. Surgical b. Chemical c. Mechanical d. Natural 2. Abortion 3. Spacing and limitation of children 4. Possible answers to sterility a. Male (1) Artificial insemination (2) Sperm banks (3) Improved hormonal balance (4) Psychotherapy (5) Surgery	Invite an authority to speak to the class on the various methods of contraception, emphasizing contra-indications which pertain to religion, health of the user, personal preference, and medical supervision. Design audiovisual methods which could be used effectively to communicate family planning procedures in areas where a low literacy rate hinders conventional communication. Investigate and report on the issue of abortion as a means of limiting women's rights. Why is there social conflict about legal abortion? What are the political implications of

CONTENT	ACTIVITIES
b. Female (1) Improved hormonal balance (2) Surgery (3) Invitro fertilization (4) Embryo transfer	legalized abortion? What states now permit legalized abortion? What are the limitations under existing Federal laws? Maryland laws? List the alternatives a couple has today if they desire no children and wish to avoid having any "accidentally." Alternatives for the male Alternatives for the female What are the advantages or disadvantages of each alternative? Debate the following: The advantages and disadvantages of postponing the beginning of a family. The advantages and disadvantages of beginning a family in the early years of the marriage. Discuss the pros and cons of possible legislation that would limit a family to two children. List the alternatives a couple has today if they desire children and find that they are unable to have them because of sterility. In the male In the female What are the advantages or disadvantages of each alternative?

CONTENT	ACTIVITIES
B. Education 1. Appropriate health practices 2. Disease prevention and control 3. Drugs (use) 4. Community resources a. Genetic counseling b. Family planning counseling c. Abortion counseling d. Venereal disease counseling	Identify birth defects which are related to heredity. What are the implications for legalizing abortions; genetic counseling? Invite a representative of the health department to speak about the available local, state, and national resources related to drugs, family planning, abortion, venereal disease. Based on the information received, devise a plan for utilizing the resources to best advantage. Present the plan to the class. Develop methods of promoting public acceptance of the following ideas: The small family Zero population growth A marriage involving no children Compare the influence and modes of operation of groups which oppose and groups which promote the following: Sex education in the schools Legalized abortion
C. Dissemination of information 1. Mass media 2. Official agencies a. Local b. State c. Federal	Investigate the agencies or persons that are responsible for the transmission of contraceptive or fertility information. Make individual reports on the functions of these agencies or persons - private physicians, public health centers,

CONTENT	ACTIVITIES
3. Voluntary agencies 4. Private agencies 5. Professional agencies	hospital clinics, Planned Parenthood, National Foundation - March of Dimes. Analyze their effectiveness in terms of the socio-economic factors which are involved.
D. Research 1. Official agencies 2. Voluntary agencies 3. Private agencies 4. Private industry 5. Professional agencies	Arrange a panel or class debate on the following issues: Contraceptive information and services should be made available to unmarried persons who desire them. The availability of contraceptives and legal abortions will have a deleterious effect on sexual morals.
E. Legal restraints 1. Local 2. State 3. Federal 4. International	Invite a knowledgeable person to speak to the class on the legal implications of marriage; e.g., state requirements. Prepare a list of the relevant questions beforehand which deal with tests required, inter-racial marriages, marriage of relatives. Devise a plan that would help to alleviate some of the problems which would be encountered. Ask a small committee of students to visit the local courthouse to study State laws and regulations concerning marriage in Maryland. Assign other groups to study the laws and regulations of other specified states and countries. Compare the findings and consider the following:

CONTENT	ACTIVITIES
	How are individual rights affected? Do strict laws and regulations enhance or inhibit the growth of society? Is there a new trend indicated by recent changes in laws concerning marriage?
III. Understanding sexually transmitted diseases (STD) A. Various aspects of the STD's in conjunction with sexual behaviors 1. Parental attitudes 2. Peer attitudes 3. Religious attitudes 4. Societal attitudes 5. Need to love and/or to be loved 6. Behaviors vs. feelings 7. Behaviors vs. needs	Identify various aspects of both reproductive systems. Reference: Human Reproduction Slides - 100. Pre-unit test, if appropriate. Class discussion. The teacher may consider small group discussions with a group recorder. The group recorders will present summaries of small groups; then discuss conclusions as a large group.
B. Understand the decision-making process 1. Value of objective information 2. Decision arrived at by individual 3. Resultant responsible behavior (A responsible decision is one that does not hurt yourself OR others.)	Divide class into groups; have each group write a set of questions or topics that they would like to have class and/or teacher discuss. (This may be done on an individual basis, also.)

CONTENT	ACTIVITIES
IV. History of the sexually transmitted diseases	Use of film, filmstrip, or transparencies. All materials utilized must be from the Board of Education approved list.
A. Origin and extent of the sexually transmitted diseases	
B. Factors affecting the prevention and control of the diseases	Specific reading assignments from textbook or other related sources. Class discussion of assigned reading.
1. Lack of knowledge concerning the nature of the diseases	
a. Symptoms	Have a group of students research and report to the class on:
b. Transmission	Myths related to symptoms
c. Diagnosis and treatment	Influence of sexually transmitted diseases on history
d. Complications	Famous people who had sexually transmitted diseases
e. Myths as to what causes the symptoms	Origin of sexually transmitted diseases
f. Social stigma related to sexually transmitted diseases	
2. Influence of sexually transmitted diseases on history	
a. King Henry VIII of England	
b. Charles VIII of France	
c. Ivan IV of Russia	
V. Syphilis	
A. Transmission	Use of film, filmstrip, or transparencies. All materials must be selected from the Board of Education approved list.
1. Causative organism	
2. Modes of entry into the body	
3. Incubation period	

CONTENT	ACTIVITIES
B. Symptoms 1. Primary stage 2. Secondary stage 3. Tertiary stage	Class discussion of assigned reading. Have the students design a "Word Search" puzzle relevant to unit.
C. Diagnosis and Treatment 1. Differential diagnosis - symptoms not to be confused with other conditions, i.e., rash, lesions, loss of hair, etc. 2. Laboratory tests 3. Medications 4. Legal aspects a. Reporting of the disease b. Treatment of minors c. Laboratory test prior to marriage in some states 5. Identification of contacts	
D. Complications 1. Handicaps a. Blindness b. Heart disease c. Paresis 2. Congenital syphilis 3. Death	Have students research the complications of untreated syphilis
E. Research	Have students write to the Center for Disease Control and/or the local health department for information on STD's.

CONTENT	ACTIVITIES
VI. Gonorrhea A. Transmission 1. Causative organism 2. Modes of entry into the body 3. Incubation period B. Symptoms 1. Male 2. Female C. Diagnosis and treatment 1. Differential diagnosis - symptoms not to be confused with other conditions, i.e., urethritis, sterility, etc. 2. Laboratory tests 3. Medications 4. Legal aspects a. Reporting of the disease b. Treatment of minors c. Treatment of eyes of newborn babies 5. Identification of contacts D. Complications 1. Sterility 2. Blindness in newborn babies 3. Arthritis 4. Death 5. Other	Use of film, filmstrips, or transparencies. All materials must be be selected from the Board of Education approved list.

CONTENT	ACTIVITIES
E. Research 1. Search for vaccine 2. Search for blood test for gonorrhea	Have students contact the Center for Disease Control and/or the local health department for supplemental information.
VII. Herpes Simplex,Type II (Herpes Genitalis)	
A. Cause - a virus similar to the one that produces cold sores or fever blisters. Affects both men and women.	
B. Transmission 1. Direct contact a. sexual contact b. hand contact	
C. Symptoms - occur within 2 to 10 days after exposure 1. In women - small painful blisters around the vagina and they soon break into open lesions. May also occur in anal area or on the cervix 2. In men - sores develop on shaft of penis or around the anus 3. Painful urination 4. Generalized aching	

CONTENT	ACTIVITIES
5. Fever 6. Symptoms last 2-6 weeks before spontaneously healing	
D. Diagnosis 1. Viral culture 2. Blood test 3. Microscopic examination of tissue	
E. Treatment 1. No proven effective therapy 2. Keep genital area dry	
F. Prevention 1. Avoid sexual contact during symptomatic phase of disease and for at least two weeks following symptomatic phase 2. Male partner should use condom during intercourse 3. Avoid precipitating situations (see recurrences)	
G. Complications 1. Increased risk of cervical cancer 2. Increased likelihood of spontaneous abortion and/or premature labors in pregnant women	

CONTENT ACTIVITIES

3. Infected birth canal can infect newborn infant; often fatal to the infant. Caesarean sections recommended.
4. Lifetime infection
5. Recurrent attacks

H. Recurrences - usually less severe than primary infection; lasts 1-2 weeks
1. Sometimes none
2. Sometimes associated with
a. Nervous tension
b. Emotional upset
c. Fatigue
d. Exposure to sunlight
e. Menstruation

I. Research
1. Search for cure
2. Search for vaccine

VIII. Other diseases that are frequently sexually transmitted

A. Types
1. Non-gonococcal urethritis
Causative agent - chlamydia
2. Trichomoniasis
3. Condyloma acuminatum (Venereal warts)
4. Candidiasis (Moniliasis)
5. Pediculosis Pubis (Pubic lice)

CONTENT	ACTIVITIES
B. Symptoms	
C. Diagnosis and treatment	
IX. Relatively rare sexually transmitted diseases	Have the class invite a speaker/resource person from the Division of Epidemiology, Prince George's County Health Department
A. Types 1. Chancroid 2. Granuloma Inguinale 3. Lymphogranuloma Venereum 4. Aquired Immune Deficiency Syndrome (AIDS)	Class discussion Invite a resource person to report on the prevalence and treatment of sexually transmitted diseases
B. Transmission	Have the students design a television type game that requires participation by two or more teams, e.g., Hollywood Squares or The Family Feud
C. Symptoms	
D. Diagnosis and treatment	
X. Prevalence of sexually transmitted diseases among teenagers	
A. National and local statistics	
B. Reasons for the increase in the number of reported cases 1. Social attitudes have changed about sexually transmitted diseases a. Education b. Reporting of sexually transmitted diseases	Have a panel discussion on the possible solutions to the problem of the spread of sexually transmitted diseases among teenagers

CONTENT	ACTIVITIES

c. Additional facilities available to provide treatment

2. Public awareness has increased through the media
3. Improved screening techniques for sexually transmitted diseases
4. Physician cooperation
5. Changes in homosexual behavioral attitudes
6. Improved procedures in contact tracing
7. Premarital and prenatal medical examinations
8. State laws relating to sexually transmitted diseases
9. Understanding the need for treatment
10. Epidemic or pandemic of sexually transmitted diseases could be evident

C. The influence of sexually transmitted disease education
1. Knowledge of the nature of sexually transmitted diseases
2. Knowledge of the varieties of sexually transmitted diseases
3. Attitudes toward sexually transmitted diseases

CONTENT	ACTIVITIES
a. The importance of eradication b. Understanding the complexities and social ramifications of sexually transmitted diseases c. Understanding the plight of sexually transmitted disease victims	
4. Recognizing the influence of a positive self concept on behavior	Post-unit test if appropriate

Behavioral Objective 4: Given a factor that influences human inheritance, the student will be able to make a personal decision concerning human propagation and to explain how it improves the quality of life.

CONTENT	ACTIVITIES
Personal decisions concerning human propagation that are based on a knowledge of factors which influence human inheritance, can improve the quality of life. I. Factors influencing human A. Parental genotype 1. Dominant traits 2. Recessive traits 3. Sex-linked traits B. Chromosomal aberrations 1. Numerical a. Too many chromosomes (1) Sex chromosomes a) XYY b) XXY (2) Autosomes; e.g., Down's syndrome b. Too few chromosomes - XO; e.g., Turner's syndrome 2. Mutations 3. Causes a. Radiation - ionizing b. Chromosomal nondisjunction c. Assimilated substances -	Identify technological advances which permit the survival of these who are not fit and the detrimental traits that can reappear in later generations; e.g., diabetics. What are the implications of this aspect of modern technology on the quality of life? (Darwin's theory on the evolution of mankind involves the survival of the fittest. Modern technology has developed many adaptive measures for the survival of those who are not fit.) Traditional folklore states "It is the blood that counts." Interpret this statement in terms of what you know about consanguinity. Consider the following hypothetical situation. There are two children in a family; one girl and one boy. The boy is a hemophiliac. What are the chances that the girl is carrying the gene for hemophilia? If the girl is carrying the gene, what are the chances that any son she has will have hemophilia? If you were this girl or married to this

CONTENT	ACTIVITIES
C. Environmental factors interacting with genetic material	girl, what implications would you consider in planning a family? What alternatives would be involved?
D. Consanguinity - inbreeding	Investigate the implications of consanguinity; e.g., laws, recessive traits. Report this to the class.
E. Miscegenation - interbreeding	
F. Wars and political upheavals 1. Elimination of much genetic material 2. Increase of sex ratio	Tabulate the following dominant and recessive traits found among the members of the class: DOMINANT — RECESSIVE Tongue-rolling — Non-tongue rolling Hair on middle digit of hand — No hair on middle digit of hand Taste PTC — Non-taster Straight hair — Curly or wavy hair Straight nose tip — Upturned nose tip Straight or convex nose bridge — Concave nose bridge Gap between front teeth (upper) — No gap Free ear lobes — Attached ear lobes
II. Personal decision process	
A. Genetic counseling 1. Detection of genetically affected babies in utero; e.g., Down's syndrome 2. Detection of harmful recessive genes in potential parents; e.g., hemophilia	Investigate genetic counseling. What is involved? What services are performed? Where can these services be obtained? Resource: National Foundation - March of Dimes.

CONTENT	ACTIVITIES
B. Mate selection 1. Health history - genotype, phenotype 2. Cultural, social, religious background 3. Consanguinity - prohibitions against a. Religious groups b. Ethnic groups c. Social groups 4. Miscegenation - prohibitions a. Religious groups b. Ethnic groups c. Social groups 5. Legal restrictions 6. Age 7. Other	Develop individual criteria for the ideal mate. Tabulate the results in terms of socio-economic, cultural, religious, and physical factors. Discuss the potential importance of the family in terms of genetic perpetuation. After the discussion, re-evaluate the criteria and compare results. Discuss the changing role of the adult. In Ferrara, Italy, many of the people people carry a recessive gene for thalassemia, a disease which, when entirely recessive, proves fatal. Before a couple in this village marry, they must be tested to determine if one or both parties are carrying the recessive gene. If both carry this recessive gene, they are asked to find mates outside their village. Ask: "What is the reasoning behind asking these people to marry outside of their village? If the couple decide to marry anyway, what implications might be involved for their children?

CONTENT	ACTIVITIES
C. Family planning 1. Birth control methods 2. Spacing and limitations of children 3. Reduction of genetic disorders related to age of mother/father - mongolism and dwarfism 4. Reduction of genetic disorders related to birth order - Rh incompatibility 5. Adoption	Conduct an opinion survey of the class on the ideal size of a family. Collect data on the family size of each person in the class. Tabulate and present the results to the class. Discuss. Evaluate the influence of heredity on the physical, social, mental, and emotional health of individuals based on hypothetical case studies throughout their life spans. Some diseases linked to genetic causes are listed below: Sickle cell anemia - primarily black culture Huntington's chorea - St. Vitus's Dance Hemophilia - recessive gene Phenylketonuria - recessive gene Down's syndrome - Mongolism Cretinism - thyroid deficiency Tay-Sachs disease - primarily Jewish culture As a reference for the above activity, consider case histories of Queen Victoria of England who was a carrier of hemophilia. You might also consider Woody Guthrie, one of the early folk singers and song writers of the 1960's who had Huntington's chorea. This illness may have been passed to his son, Arlo, the writer of the song: "Alice's Restaurant."

CONTENT	ACTIVITIES
	Devise a program for computerized mating and the factors which should be considered. Present the program to the class for discussion.
Personal decisions concerning human propagation that are based on a knowledge of factors which influence human inheritance, can improve the quality of life.	Consider the following hypothetical situation: Genetic condition A results in death before puberty. You and your prospective mate have a family history of this condition. Genetic condition B results in a severely handicapped condition. You and your prospective mate have a family history of this condition. Genetic condition C results in phenylketonuria which if undetected after birth, results in severe mental retardation. You and your prospective mate have a family history of this condition. Genetic condition D results in susceptibility to tuberculosis. (If you have the genetic susceptibility and come in contact with the disease-causing bacterium which can be found in most people's normal environment, you will contract tuberculosis). You and your potential mate have a family history of this condition.

CONTENT	ACTIVITIES
	In each situation, what decisions would you make in terms of: Marriage to your prospective mate? Conceiving children? Number of children? Rank the above hypothetical conditions according to their severity, and discuss your ranking with other members of the class.
	Debate the concept that the happiness and fulfillment of an adult involves marriage and parenthood.

APPENDIX A

Sample Teaching Strategies

SEX AND SEXUALITY

Purpose:

To define sex and sexuality by writing/verbalizing ideas and concepts about them.

Time: 25 minutes

Materials: Newsprint

Procedure:

1. Ask students to write or just think about some of their ideas about sex. The teacher may give a few examples: sexual intercourse, love, reproduction, marriage, sex organs, penis, vagina, man, woman, kissing, masculinity and femininity, jokes, movies, Playboy, Playgirl, etc.

2. Group the students (2's or 3's) to define sex and sexuality. Explain that their ideas are only tentative and will probably change as they gain additional information. Also explain that some may be uncomfortable discussing sex and sexuality....that's O.K.

3. In a large group, provide an opportunity for students to exchange some of their ideas about sex and sexuality. The teacher (on newsprint or chalkboard) may want to record many of the ideas for later discussion.

Processing:

1. What does the word "sex" generally mean? "sexuality"?

   Note: sex.....refers mainly to the reproductive system and behavior and physical characteristics of males and females.
   sexuality.....refers to one's ideas or values about his or her maleness or femaleness, along with good attitudes and feelings toward sex.

2. Do sex values change and develop as one becomes older? What are some examples?

3. How are parents' ideas about sex and sexuality different from yours?

BRAINSTORMING REASONS TO UNDERSTAND ANATOMY AND PHYSIOLOGY

Purpose:

There is sometimes a feeling, particularly among older teenagers, that they already have enough information about anatomy and physiology. In order to deal with this potential resistance, it can be helpful to spend a few minutes brainstorming with the students to allow them to "buy into" the need to understand reproductive anatomy and physiology.

Time: 5 minutes

Materials: Blackboard or newsprint

Procedure:

1. On the board or newsprint write "reasons to learn about anatomy and physiology."

2. Explain the Rules for Brainstorming.

3. Have the class brainstorm all the reasons they can think of that it might be helpful or valuable to learn anatomy and physiology.

4. After a few minutes,summarize the reasons. You may want to make sure that at least these three reasons have been included:

   A. Basic information needed to understand how pregnancy occurs, how birth control methods work, STD causes and treatments, etc., to be covered in this program.

   B. Vocabulary needed to communicate comfortably is needed.

   C. Vocabulary needed to understand yourself and your sexuality.

INTRODUCTION TO ANATOMY AND PHYSIOLOGY

Purpose:

This information-sharing discussion reviews the physical, emotional and sexual changes that occur during adolescence. This activity is used to help students gain increased understanding of aspects of developing sexuality. Common concerns regarding normal rates of development, menstruation, erections, feelings of sexual attraction and development of fertility are discussed.

Time: 10 minutes

Materials: (Optional - slides, charts, film)

Procedure:

1. Ask students to define puberty and adolescence. Discuss the differences between the two.

2. Discuss male and female sex hormones and their effects. Topics to cover are:

   A. Male hormones

   B. Female hormones

   C. Physical effects of male hormones during adolescence

   D. Physical effects of female hormones during adolescence

   E. Effects hormones can have on emotions in males and females

   F. Approximate age males and females become fertile

3. It is important to briefly mention/discuss some aspects of developing sexuality which are relevant to teenagers. Topics to cover are:

   A. Many different rates of growth and development are normal

   B. What are erections? How do they happen? - spontaneous erections in adolescence

   C. What are wet dreams? - normal to have or not have

D. What is masturbation? - various points of view

E. What are sexual fantasies? - various points of view about them; differences between fantasy and reality

F. Various "normal" times at which people develop sexual feelings

ANATOMY GROUP DRAWING

Purpose:

This activity is a fun way to get the students to work together to find out how much they know (and don't know) about male and female reproductive anatomy. It usually serves to motivate the students to learn more during the information-sharing section of the lesson plan.

Time: 10-15 minutes

Materials: Large sheets of newsprint, felt pens, or crayons, and a chart or handouts of the male and female reproductive systems

Procedure:

1. Break the class up into groups of five to seven persons. Give each group newsprint and a felt pen.

2. On the blackboard list the following organs:

FEMALE	MALE
Vagina	Penis
Cervix	Scrotum
Uterus	Testicles
Fallopian Tubes	Vas Deferens
Ovaries	Prostate Gland
Labia Majora	Glans Penis
Labia Minora	Seminal vesicles
Clitoris	Cowper's glands
Bladder	Urethra
Urethra	Bladder

3. Tell each group that they are to make a cross-sectional drawing of the male anatomy and female anatomy, including in their drawings all the parts listed on the blackboard. Tell them they will have 10 minutes to complete both drawings. Reassure them that they will not be judged on their artistic ability.

4. When 10 minutes are up, place accurate drawings of the female/male reproductive system on the board and discuss the discrepancies. Find out which sex was easier to draw. Why? Discuss how they felt about "drawing sex organs."

5. Use this exercise to begin male and female anatomy and physiology discussion.

I AM A GOOD HUMAN BEING

Purpose:

This activity is designed to help students acknowledge positive aspects of themselves thereby helping to raise their own self-esteem and self-concept. It also helps to facilitate the trust-building process within the class.

Time: 10-15 minutes

Materials: Incomplete sentences sheets; one per student

Procedure:

1. Divide class into groups of two
2. Pass out incomplete sentences to each student. Instruct them to complete the sentences -- there are no right or wrong answers.
3. Tell them they will be sharing their responses with their partner.
4. Reassure them that it may be hard to write positive statements about themselves, and that this is not considered bragging or being stuck up.
5. Time is called after four minutes. Ask students to decide who will go first and that person reads his list to his partner. The listener is to remain silent but can acknowledge the talker by smiling and nodding of the head.
6. After about one minute, reverse roles and complete exercises.

Processing:

1. Ask students how it felt to write positive statements about themselves, which sentence was easiest? hardest? Which did they like most? least?
2. How did it feel to share the sentences with their partner?
3. How did it feel being the listener?
4. Any other comments or feelings they would like to share?

INCOMPLETE SENTENCES

1. The reason I am a good human being is...
2. I am a good son/daughter because...
3. I am a good friend because...
4. Some thing that makes me a good student is...
5. I am pleased with my...
6. One skill I have is...
7. One thing that people like about me is...
8. One thing I like about myself is...
9. I am really good at...

LOOKING AT DECISIONS

Purpose:

This short case study and discussion is designed to help students clarify and examine how people make decisions.

Time: 15 minutes

Materials: Paper, pencils, blackboard or newsprint with markers

Procedure:

1. Present a decision-making situation that is relevant to class members. (See examples below)

2. Ask the students to list on a sheet of paper the choice(s) they would make in that situation. Give them a couple of minutes.

3. Ask the students to volunteer and read off their choices. List the choices on the blackboard or newsprint.

Processing:

1. Using the lists as a focus, begin discussion on decision-making:

   - How did you make your decision?
   - What were some of the things you thought about that you didn't choose? Why didn't you choose them?
   - What (or who) influenced your decision the most?
   - What is usually the best process for making good decisions?

2. Summarize briefly by discussing this (or a similar) simplified model for responsible decision-making. (Write it on a blackboard or newsprint.)

   1. Identify the situation or problem.
   2. Brainstorm all the possible alternatives.
   3. Examine the advantages and disadvantages (or consequences) of each choice.
   4. Choose what is right for you.
   5. Put together a plan of action.

Examples for procedure #1

1. You received your first pay check from your after school job. What are you going to do with the money?

2. It's Saturday afternoon and you have no plans for the evening. What are you going to do?

3. You have to hand in next year's school schedule. How do you decide which courses to take?

A LOVE STORY

Purpose:

This story and small group discussion is designed to help students examine the attitudes, pressures and responsibilities involved in the decision to become (or not become) sexually active. It also looks at the various ways of expressing affection within love relationships.

Time: 35 minutes

Materials: Newsprint and markers for each group, blackboard

Procedure:

1. Begin this activity by brainstorming why people have sex. After list is complete, discuss questions:

   - When is a person ready for sexual intercourse?
   - Is there social pressure in teens to be sexually active. How is this expressed?
   - Is there social pressure to not be sexually active? How is this expressed?
   - Is the pressure different for guys and girls?

2. Read or tell "A Love Story," writing names of each character on the board as they are introduced. Tell this story with "drama," personalizing details to your school/community.

3. Divide the class into groups and ask them to:

   a. Identify the problem
   b. Brainstorm the alternatives
   c. Examine the consequences for each
   d. Decide what Denise and Tyrone should do
   e. Come up with a plan of action

4. After the groups have had 10-15 minutes to discuss this situation, teacher asks the spokesperson from each group to explain the decision they came to and why.

5. After all the groups have spoken, begin a general discussion by posing the following questions:

   a. What do you think actually would have happened? Why?

   b. What kinds of pressures were being faced by Tyrone and Denise?

   c. How are sex roles involved in this situation?

   d. What gets in the way of talking to a boyfriend/girlfriend about sexual issues?

   e. What are the various ways love can be expressed in a relationship? Is having sexual intercourse an expression of love? Can not having sexual intercourse be an expression of love? What are other ways people can show caring and affection for each other?

6. Finish the discussion by explaining how given all the choices, pressures and consequences involved in deciding to become sexually active, it becomes important to make well thought-out decisions.

A LOVE STORY

Denise and Tyrone are students in high school who have been going together for about eight months. Denise is a junior and Tyrone is a senior. (Write their names on the board.)

Denise and Tyrone have a very special relationship. They spend a lot of time together and really trust each other. They confide many of their secret fears and hopes with each other, talk about their parents, what's happening at school and really get a lot of support from each other. In many ways, they have sort of become like best friends. Their friendship is very important to both of them.

They have decided that for right now they don't want to have sexual intercourse. They haven't really talked about it very much, but Tyrone knows how Denise feels and he respects her feelings. Denise was brought up in a fairly religious home where her parents constantly reminded her of the importance of being a "good girl" and of saving sex for marriage. They have told her many times that they would not know what to do if she got pregnant. But more importantly, Denise feels that she just isn't emotionally ready for the intimacy of sex. Even though she loves Tyrone a lot, she feels that she just isn't ready to accept what having sex would mean in their relationship.

So, they haven't actually made love, though they have played around a little. Lately, Tyrone has been talking with some of his friends about sex, and he is hearing that many of his friends have already had sex with their girlfriends. Tyrone is feeling a little jealous--he is wondering what is wrong with him. He wonders if he is behind for his age and if he is less of a man. Tyrone is actually feeling afraid that he will turn 18 and still be a virgin.

So Tyrone has been putting some pressure on Denise to have intercourse. Recently he has been pushing harder, and they have talked about it a little. But Denise is pretty clear about her feelings, so they haven't had sex. Things have been going okay in their relationship, but there seems to be an increasing amount of tension. They have begun to fight about little things and they don't seem to talk about the really important things anymore.

Because she is feeling lonely and confused, Denise decides that she needs to talk with someone. She doesn't want to break up with Tyrone, but she also isn't sure that it is right for her to have sex with him. First, she decides to talk with Dale. She and Dale have been good friends since grade school, though they haven't spend much time together

lately, because Denise has been with Tyrone so much. She and Dale have talked about lots of important things in the past, but they have not ever really talked about anything as personal as sex. When she tells Dale what is on her mind Dale says, "Tyrone really is being unfair; I thought he loved you. He's just acting like all the rest of the dudes." And then Dale starts talking about something else. Well, Dale hasn't listened very well to Denise's feelings of confusion and loneliness, and Denise is left still feeling bad with nothing resolved.

After thinking for a while about whom to talk with, Denise decides that maybe she can trust Ms. Johnson. Ms. Johnson was her health teacher last year when they had sex education; and she is a young teacher and seems like she might be understanding. Denise goes by to see her after school. Ms. Johnson is busy, but invites Denise in, and they start talking. Gradually, Denise get up the nerve to mention sex, but when she does, Ms. Johnson begins shuffling her papers, and tells Denise that she really is very busy. Denise has gotten nowhere with Ms. Johnson, and she still doesn't know what she wants to do about Tyrone.

By this time, about a month has passed since Tyrone has started seeing other girls. Denise is feeling pretty sad and lonely, and she really misses Tyrone. She wishes that there is some way she could talk to her mother, but she knows that her mother would get upset and wouldn't understand her problem. So Denise feels pretty lost and doesn't know what to do.

Denise and Tyrone are still spending some time together, and they go to the movies on Saturday night. After the movie, they come back to Denise's house to talk. When they get home at around 10 p.m., they find out that Denise's parents have gone to a neighbor's home for the evening and won't be back till much later. So Denise and Tyrone are left alone in the house.

Suggestion

You can have your students make up their own "Love Story" to use for this exercise.

WHO'S IN CONTROL HERE? - ROLE PLAYING EXERCISE

Purpose:

To foster the idea that the individual is in control of personal decision-making, even if drugs or alcohol are involved.

Time: 20-30minutes

Procedure:

Discuss the following situation:

Mary and Mark are 16, have been dating for about two years. Both are virgins. They're at Mary's house alone; her parents will be home around midnight. They're sitting on the couch, getting into some heavy kissing.

Processing:

Solicit group reaction? Add one or more of the following elements; watch for differences:

- Mark is not a virgin
- Mary is not a virgin
- One or the other is drinking or stoned
- Been dating about two weeks
- Both smoke some marijuana
- They have some booze
- Age change to 18, 13, etc.

Were there differences in the outcome after additions? What effects do drugs really have on decision-making? How often do people use drugs as an excuse for behavior they don't want to admit to? (I didn't want to, but I got drunk...)

WHAT'S IMPORTANT

Purpose:

To explore similarities and differences between male and female perceptions of relationships with the opposite sex.

Time: 15-20 minutes

Materials: Paper and pencils, newsprint

Procedure:

1. Divide students into small groups separating males and females.

2. Ask participants to list the five most important qualities he or she looks for in a man, and the five most important qualities he or she looks for in a woman.

3. Compile four lists. One listing should contain what males look for in females, the second what males seek in other males, the third what females look for in males and the fourth what females look for in other females.

4. The composite lists may be placed on newsprint for class display.

5. Large group sharing.

Processing:

1. How would you define the term masculine? Feminine?

2. What do you consider to be the major differences between males and females?

3. What seems to be important in relationships with the same sex?

4. How do you account for differences in the lists? Similarities?

WHO, WHAT

Purpose:

To explain at least three common and three different perceptions concerning male and female behavior.

Time: 25 minutes

Materials: Duplicate activity

Procedure:

All of us have preconceived attitudes about people which affect the manner in which we deal with others. In this activity circle the choice which indicates your views as to whether or not sex-related traits are involved in the following activities: W = women, M = men, and ND = no difference.

1.	Less judgmental of other people?	W	M	ND
2.	Is more concerned with what others think?	W	M	ND
3.	More sexual activity?	W	M	ND
4.	A better driver?	W	M	ND
5.	More emotional?	W	M	ND
6.	More sexually aggressive?	W	M	ND
7.	More talkative?	W	M	ND
8.	Better at manual labor?	W	M	ND
9.	More scheming?	W	M	ND
10.	Better organized?	W	M	ND
11.	More concerned with sex?	W	M	ND
12.	More thoughtful of others?	W	M	ND
13.	A better parent?	W	M	ND
14.	More concerned about their work?	W	M	ND
15.	More money-wise?	W	M	ND
16.	Carry purses?	W	M	ND
17.	Kiss father?	W	M	ND
18.	More likely to express emotions?	W	M	ND
19.	Score higher on tests of verbal ability?	W	M	ND
20.	Score higher in mathematics?	W	M	ND
21.	Less likely to risk failure?	W	M	ND
22.	More active physically?	W	M	ND

Processing:

1. How many of the items did you mark ND? How do you account for the similarities?
2. For those traits that you felt were different, what do you feel accounted for the differences?
3. How did you learn to expect certain skills, abilities, and behavior from either males or females?

WORD ASSOCIATION

Purpose:

To give students an opportunity to discuss society's attitudes about homosexuality, and to provide factual information about the topic in a non-judgmental manner.

Time: 20 minutes

Materials: Newsprint and markers

Procedure:

1. Put headings on the newsprint: homosexual man, homosexual woman.

2. Ask students to define the terms and to react to them either in the group or individually.

Processing:

How many positive terms are there?
Negative?
What stereotypes, if any, were avoided?
Why do people confuse homosexuals with transvestites and transsexuals?
How would you feel about a teacher who is gay? A doctor? Bus driver? Sales clerk? A friend?
How would some parents feel?
Why are some people afraid of being around homosexuals?

ATTITUDE ASSESSMENT - SEX ROLES

Read each sentence, and decide how you feel about it. Circle the number that indicates your feelings:

1 = agree strongly, 2 = agree somewhat, 3 = unsure, 4 = disagree somewhat, 5 = disagree strongly

Women should stay home and raise children.	1 2 3 4 5
Women should try to get jobs, even if they have children.	1 2 3 4 5
Men who don't get married are not normal.	1 2 3 4 5
Men make good secretaries and nurses.	1 2 3 4 5
Girls should be able to play football if they want to.	1 2 3 4 5
Boys should hide their feelings whenever they can.	1 2 3 4 5
Girls should hide their feelings whenever they can.	1 2 3 4 5
Men who stay at home while their wives work are not normal.	1 2 3 4 5
If a husband and wife both work, they should both help with the cooking and cleaning at home.	1 2 3 4 5
If a mother and father both work, they should take turns babysitting so they can both go out alone sometimes.	1 2 3 4 5
Women were better off before the "Women's Liberation" movement started.	1 2 3 4 5
Most men want to be the boss in their home.	1 2 3 4 5
It's more important for teenage guys to have jobs than girls, since they have to pay for dates.	1 2 3 4 5
Most girls who go to college are only looking for a husband.	1 2 3 4 5
Most men want to marry a virgin.	1 2 3 4 5

Most women want a husband who will be in charge of the household and take care of the budgeting.	1	2	3	4	5
It's more important for male children to play at physical sports than for females.	1	2	3	4	5
Both boys and girls should learn how to cook, sew, clean house, and do laundry.	1	2	3	4	5

NOTE: This scale is not graded nor is it to be turned in to the teacher.

ATTITUDE ASSESSMENT - HOMOSEXUALITY

Circle the number that most closely resembles your opinions about these statements:

1 = strongly agree, 2 = agree somewhat, 3 = unsure, 4 = disagree somewhat, 5 = strongly disagree

1.	You can tell homosexuals by looking at them.	1 2 3 4 5
2.	Homosexuality is a preference for the same sex, not a hatred of the opposite sex.	1 2 3 4 5
3.	Homosexual acts should be against the law.	1 2 3 4 5
4.	People who have homosexual dreams are really gay.	1 2 3 4 5
5.	Children who experiment with same-sex play are abnormal.	1 2 3 4 5
6.	Homosexuals always try to molest young children.	1 2 3 4 5
7.	Strong feelings for friends of the same sex are natural.	1 2 3 4 5
8.	Homosexuality is caused by heredity.	1 2 3 4 5
9.	Some people are afraid of gay people because they do not understand what homosexuality is.	1 2 3 4 5
10.	Homosexuals should be allowed to be teachers if they want.	1 2 3 4 5
11.	The police should keep raiding gay bars to stop homosexuality.	1 2 3 4 5
12.	Homosexual women really want to be men.	1 2 3 4 5
13.	Homosexuality is more common among women than men.	1 2 3 4 5
14.	People are either always homosexual or always heterosexual.	1 2 3 4 5

15.	People shouldn't feel guilty about homosexual fantasies.	1	2	3	4	5
16.	Most parents would be angry if their child was gay.	1	2	3	4	5
17.	Jokes about gay people make people more likely to be straight.	1	2	3	4	5
18.	Gay people can be good parents to a child.	1	2	3	4	5
19.	Gay people should not be allowed to have some jobs.	1	2	3	4	5
20.	The law should not interfere in people's sex lives.	1	2	3	4	5

NOTE: This scale is not to be graded nor turned in to the teacher.

SETTING LIMITS

Purpose:

To express a personal attitude about setting limits for sexual activity in male and female relationships.

Time: 30 minutes

Materials: Newsprint and crayons

Procedure:

1. Following a brief introduction/discussion on the meaning of the phrase "setting limits," write one of the position statements listed below on the board.

2. Divide class into groups and instruct them to list as many reasons as they can think of which support the position statement.

3. Have groups share their lists.

4. You may want several volunteers to share their decisions.

5. Possible position statements:

    a. It is the girl's responsibility to set limits on dates!
    b. It is the boy's responsibility to set limits on a date!
    c. Girls manipulate boys on dates to get what they want in the way of gifts and places to go!
    d. Sex is the only thing boys think about on a date!
    e. Being in love is a good enough reason for having sex!
    f. Kissing on the first date is a mistake.
    g. One reason a girl should set limits on a date is to preserve her good reputation.
    h. There is something wrong with a boy who sets limits on a date.

Processing:

1. How do parents, religious beliefs, etc. influence our personal standards of behavior?
2. How do you define sexual responsibility?
3. Do males and females have different codes of sexual conduct?
4. What accounts for the differences which might exist?
5. Does age make a difference in setting limits?

BIRTH CONTROL MYTH GAME

Purpose:

This activity addresses common myths about birth control, gives students credit for what they already know, corrects misinformation and gives students the opportunity to practice communicating about conception and contraception.

Time: 30-45 minutes

Materials: Myth/truth statements on 3 x 5 index cards, answer key

Procedure:

1. Prior to the class, write each statement on an index card. Use as many as time permits.

2. Divide students into small, coed groups (4-6 students each) and distribute cards.

3. Have students take turns reading the cards out loud. As each statement is read, the group discusses it and decides whether it is a truth or a myth. This process continues until all the cards are covered.

4. When all groups have finished Round 1, they are told to pass their cards in a clockwise motion to the next group. Do this carefully so cards don't get mixed up.

5. The teacher then reads the number of a statement and says whether it is a truth or myth. Students correct their answer sheets as the teacher goes down the list. They are told that any time their group misses an answer that they should raise their hands.

6. Anytime there is an incorrect answer from any group, that is the time to read the full statement and go through the answer more fully.

7. If time allows, ask groups to call out numbers of questions they had starred. More information on those items can be covered at that time.

BIRTH CONTROL MYTH GAME

1. Girls who haven't started their periods yet can't get pregnant. MYTH

   * Sometimes a girl will ovulate just before her first period begins.

2. Girls don't get pregnant if it's their first time. MYTH

   * Pregnancy can happen any time the girl has sexual intercourse, if an egg has been released.

3. Girls don't get pregnant if the penis doesn't actually enter the vagina. MYTH

   * Even sperm deposited on the outside of the vagina can make it into the vagina and on up into the tubes. Sperm can even get through underwear.

4. Girls don't get pregnant if they have sex only during their periods. MYTH

   * Girls can get pregnant at any time during their cycles, especially if they have short or irregular cycles.

5. Girls don't get pregnant if they have sex standing up. MYTH

   * Girls can get pregnant in any position. Sperm aren't affected by gravity.

6. Douching after sex will wash out the sperm and protect against pregnancy. MYTH

   * She can't douche fast enough to catch the sperm, and douching may even help the sperm reach the tubes faster.

7. Urinating after sex will wash out the sperm. MYTH

   * Urine doesn't pass through the vagina -- instead it leaves the body through the urethra, which runs parallel to the vagina.

8. The majority of sexually active teens use birth control. MYTH

   * 53% of the sexually active 15-19 year olds don't use birth control every time they have sexual intercourse.

9. Teens have about a third of all abortions done in the U.S. TRUTH

   * These figures are from Z.P.G.: Teenage Pregnancy: A Major Problem for Minors, 1977.

10. Abstinence means having sex but holding back the sperm to prevent pregnancy. MYTH

    * Abstinence means not having sexual intercourse at all.

11. If a man has a sterilization operation, he won't be able to have sexual intercourse anymore. MYTH

    * Vasectomy has no effect on the man's hormones or ability to have sexual intercourse. Fluid is still released when he ejaculates, but this fluid does not contain sperm. The body continues to produce sperm, which is absorbed by the body.

12. A woman is protected from pregnancy the day she begins taking the pill. MYTH

    * Most physicians recommend that women should abstain or use a back-up method of birth control for the first seven to fourteen days when she begins using birth control pills. After this initial period, the woman is protected every day, including during menstruation.

13. No one knows for sure how IUD's work. TRUTH

    * There are a number of theories, but there is no conclusive evidence. One theory is that IUD's do not prevent conception, but instead prevent implantation of the fertilized egg. Some of the newer chemical IUD's (Cu-7, Progestasert) may chemically alter the uterine environment so that sperm are hindered from reaching the Fallopian tubes.

14. The diaphragm is inserted by a doctor, and remains in place until the woman desires pregnancy or a different method of birth control. MYTH

* The diaphragm is inserted into the vagina by the woman or her partner up to 2 hours before sexual intercourse. It is worn during intercourse and must remain in place for six to eight hours after intercourse. After this waiting time, the diaphragm is removed until it is needed again.

15. Condoms aren't very effective because they break easily. MYTH

* Condoms are 90-97% effective, depending on how carefully they are used. Condoms are inspected before being marketed, and safety regulations require that condoms be able to hold a large amount of air without breaking. Condoms should not be exposed to heat or Vaseline, as both can deteriorate the rubber and increase chances of breaking.

16. Foams and suppositories are as effective as birth control pills. MYTH

* Spermicides range in effectiveness from 78-97%. To be used effectively, strict adherence to manufacturers' instructions must be followed. When spermicides are used correctly, along with condoms, every time a couple has intercourse, effectiveness goes up to 95-99%, which compares closely with pill effectiveness (90 to 99+%).

17. If a guy pulls out in time (before he ejaculates), he can protect the girl from pregnancy. MYTH

* As soon as a male gets an erection, fluid from the Cowper's glands can carry enough sperm into the urethra to escape into the vagina and cause pregnancy, even before ejaculation. Men have no control over the release of this fluid.

18. The safe time for a girl to have sex is the five days before her period. MYTH

* Relatively infertile or safe days in the rhythm method vary according to the individual woman's cycle length. Although some days

during the cycle are relatively safe, there is no time during the cycle when a woman can be 100% certain that she cannot get pregnant.

19. The longer a couple doesn't use birth control without having a pregnancy, the less likely they are to get a pregnancy. MYTH

* There are some cases in which one or both partners is temporarily-permanently infertile. However, studies show that in a year's time, for every 100 sexually active couples who do not use birth control, 90 get pregnant.

20. If a woman has a sterilization operation, she stops having periods. MYTH

* Tubal ligation only affects the Fallopian tubes by permanently blocking them so that the sperm and egg can't meet. The procedure does not affect hormone production, menstruation, or the woman's ability to have and enjoy sexual intercourse.

WHICH ONE, THE RIGHT ONE

Purpose:

To identify factors affecting the selection of birth control.

Time: 30 minutes

Materials: None required

Procedure:

1. Have each student list the factors involved in contraceptive decision making.
2. Have the student list them in order with number 1 being the one s/he considers as the most important and 12 being the least important.
3. Have students discuss their selections.

Processing:

1. What were the most important considerations in selecting a contraceptive technique? Ex., cost, health risk, partner acceptance.
2. How were male and female lists similar? different?
3. What are the other factors to consider?
4. Would age make a difference in selection of a contraceptive technique?

QUESTIONS AND ANSWERS

Purpose:

The purpose of this activity is to give students the opportunity to ask any questions they may have about methods of birth control, community resources, stories they have heard about side effects and long range effects. These are examples of just one style of answering questions. A teacher would obviously adjust his/her style as appropriate.

Time: 10 minutes

Materials: Scratch paper for each student, extra pencils, container

Procedure:

1. Pass out slips of paper to everyone in class.

2. Ask the students to write down any questions, comments or feelings they may have. The teacher should make it clear that they are welcome to ask anything they want (except personal questions directed at the teacher or other students), and that there is no such thing as a dumb question.

3. In order to prevent those with pressing questions from feeling uncomfortable, strongly encourage all students to write something on their slip of paper. Most everyone will come up with something if you give them enough time.

4. Collect the papers (or use 3 x 5 cards). It is helpful to pass an open container to insure confidentiality.

5. Read through questions before answering - both to sort out duplicates and to avoid being caught by surprise.

6. The teacher has the option to read questions or to paraphrase--just make sure the student's meaning doesn't get lost in the translation. If the teacher feels certain questions are inappropriate for large class discussion, they don't have to be read. However, let students know that unanswered questions can be discussed privately after class.

7. If you don't know the answer to a question, tell them that you will find out and get back to them.

8. If you feel uncomfortable with a question, be honest about it and say so. Students will respect that.

QUIZ

CONTRACEPTION: PRESCRIPTION METHODS

1. The _____ is placed in a woman's vagina to block the opening of her uterus.

   a. IUD
   b. condom
   c. diaphragm
   d. oral contraceptive

2. Using _____ will prevent the ovaries from releasing any eggs.

   a. a condom
   b. an IUD
   c. a vasectomy
   d. oral contraceptives

3. The _____ is placed inside a woman's uterus to prevent pregnancy.

   a. diaphragm
   b. IUD
   c. placenta
   d. oral contraceptive

4. Which of these may cause side effects because it is a foreign body?

   a. uterus
   b. IUD
   c. natural method
   d. oral contraceptive

5. Which of these may cause side effects because it works through the bloodstream?

   a. IUD
   b. tubal ligation
   c. condom
   d. oral contraceptive

6. A woman who has an IUD does not have periods. T F

7. A woman on the pill cannot get STD. T F

8. A vasectomy means removing a man's testicles. T F

9. Sterilization means never having sexual intercourse. T F

10. The pill is as safe for women over 40 as it is for teens. T F

11. Birth control pills will make a woman's periods regular. T F

12. A woman should take a birth control pill each time she has sex. T F

13. The diaphragm is used with a sperm-killing cream or jelly. T F

14. A woman can put a diaphragm in 8 hours before sex, and it will work. T F

15. The diaphragm should be taken out right after sex. T F

16. A woman can check her IUD by feeling the string at her cervix. T F

17. The diaphragm covers the cervix during intercourse. T F

18. A man has to spend two days in a hospital for a vasectomy. T F

19. Some people cannot use any kind of birth control. T F

20. The success of a birth control method depends on the motivation of the couple using that method. T F

QUIZ

CONTRACEPTION: PRESCRIPTION METHODS

1. The C is placed in a woman's vagina to block the opening of her uterus.

   a. IUD
   b. condom
   c. diaphragm
   d. oral contraceptive

2. Using D will prevent the ovaries from releasing any eggs.

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   b. an IUD
   c. a vasectomy
   d. oral contraceptives

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   (b) IUD
   c. natural method
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   c. condom
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18. A man has to spend two days in a hospital for a vasectomy. T (F)

19. Some people cannot use any kind of birth control. T (F)

20. The success of a birth control method depends on the motivation of the couple using that method. (T) F

QUIZ

CONTRACEPTION: NON-PRESCRIPTION METHODS

1. The goal of contraception is to prevent:

   a. menstruation
   b. ejaculation
   c. sexual intercourse
   d. pregnancy

2. Natural methods of birth control do not use:

   a. charts of body temperature
   b. records of cervical mucus
   c. chemicals to kill sperm
   d. calendars of the menstrual cycle

3. Natural methods of birth control work when:

   a. the woman has irregular cycles
   b. couples don't have sex when fertile
   c. sickness interrupts the cycle
   d. the woman is very young

4. Withdrawal as a birth control method is:

   a. sometimes frustrating
   b. about 75% effective
   c. better than nothing
   d. all of the above

5. Douching is not a good method of birth control because:

   a. sperm are in the uterus within seconds after having sex
   b. the vagina is too big
   c. it is too expensive
   d. sperm swim faster in cold water

6. Some foams, creams, jellies, or suppositories can prevent pregnancy if they are placed in the:

   a. uterus
   b. bladder
   c. penis
   d. vagina

7. All of these are reasons for getting pregnant using foam except:

a. using too much foam
b. not using enough foam
c. putting the foam in too late
d. using foam 3 hours before sex

8. Condoms are a good method of birth control because:

a. men get involved in the method
b. they keep sperm and egg apart
c. they help prevent STD
d. all of the above

9. Foam and condoms, used together, are about as effective as:

a. chance
b. the diaphragm
c. the pill
d. natural methods

10. If 100 couples have intercourse regularly for one year, and don't use birth control, how many will be pregnant by the end of the year?

a. 90
b. 70
c. 40
d. 25

11. Foam prevents pregnancy by:

a. killing the egg before fertilization
b. preventing ovulation
c. killing the sperm before fertilization
d. causing the woman to menstruate

12. A woman can never get pregnant during her period.

a. true
b. false

QUIZ

CONTRACEPTION: NON-PRESCRIPTION METHODS

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   a. menstruation
   b. ejaculation
   c. sexual intercourse
   (d.) pregnancy

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b. preventing ovulation
(c.) killing the sperm before fertilization
d. causing the woman to menstruate

12. A woman can never get pregnant during her period.

a. true
(b.) false

STD MYTH GAME

Purpose:

The purpose of this activity is to correct misinformation and to give students the opportunity to experience communicating about STD's.

Time: 35 minutes

Materials: Myth/truth statements on 3 x 5 cards, answer key

Procedure:

1. Prior to the class, choose statements from the answer key and write them on individual cards.

2. Divide students into small coed groups and distribute cards.

3. Have students take turns reading the cards out loud. As each statement is read, the group discusses it and decides whether it is a truth or myth. This process continues until all the cards are covered. Approximately one minute per card is allowed. One group member is appointed recorder and s/he uses a sheet with numbers 1-20 to write down the team's answers (T = truth; M = myth) and stars the ones students want more information about.

4. The teacher then reads the number of a statement and says whether it is a truth or myth. Students correct their answer sheets as the teacher goes down the list. They are told that anytime their group misses an answer that they should raise their hands.

5. Any time there is an incorrect answer from any group that is the time to read the full statement and go through the answer more fully.

STD MYTH GAME

1. Birth control pills prevent STD. MYTH

   * Birth control pills do not prevent STD. Actually, the pill makes women who are exposed to gonorrhea more susceptible to infection, because the pill changes the pH balance of the vagina from acidic to basic, which is a more hospitable environment for gonorrhea germs.

2. People can get STD from doorknobs, toilet seats, drinking fountains, swimming pools. MYTH

   * STD germs do not live for long outside of the human body--they are very sensitive to temperature and light. However, some STD's like crabs, scabies, trich could be gotten from toilet seats, towels, clothes, bedding.

3. If the symptoms go away, you don't need to see a doctor. MYTH

   * Even if the symptoms go away, the person almost always is still infected and may very likely be contagious as well.

4. Once you've had STD you're immune to it, and you won't ever have to worry about it again. MYTH

   * There is no immunity to any of these diseases. It's possible to get them over and over again. Repeated infections increase the possibility of scar tissue in the fallopian tubes or vas deferens which can cause sterility or subfertility.

5. Homosexuals don't get STD MYTH

   * Anybody who is sexually active can get STD. STD germs can be passed through sexual contact between persons of the same sex, as well as between persons of the opposite sex.

6. STD can be considered a social, as well as a medical problem. TRUTH

   * Many people are ashamed or embarrassed when they find out they have STD. Sometimes they do not tell their partner/partners because of

these feelings. This lack of communication has contributed greatly to the epidemic of STD that we have in this country.

7. The majority of people who get STD are over 30. MYTH

   * 75% of all reported cases involve people between the ages of 15 and 30.

8. Clean people are less likely to get STD MYTH

   * STD germs cannot be washed away. Anyone who is exposed can get STD.

9. Pregnant women can infect their babies with STD. TRUTH

   * Syphilis can be passed through the placenta to the fetus causing birth defects, miscarriages and stillbirths. Gonorrhea and Herpes Simplex Type II can be passed to the baby at birth and can also cause serious birth defects and sometimes death.

10. In the state of Maryland, anyone under age 18 can get free, confidential STD testing and treatment without parental permission. TRUTH

11. Men and women always have symptoms if they have gonorrhea. MYTH

    * An estimated 40% of males and 80% of females infected with gonorrhea have no recognizable symptoms.

12. If you go for STD treatment, you are asked to name your contact/contacts. TRUTH

    * This is done so that they can be contacted and come in for testing or treatment themselves. The name of the person who listed them as contacts is never mentioned. It is totally confidential.

13. A serious concern about STD is that some strains are becoming increasingly resistant to penicillin. TRUTH

    * There is one form of gonorrhea which is totally resistant to penicillin, but it can still be cured by another antibiotic, streptomycin. However, other strains are becoming

increasingly resistant. Herpes Simplex II, a virus, is incurable. People who are allergic to penicillin are also treated with antibiotics.

14. Syphilis can cause insanity and blindness. TRUTH

    * In the later stages, untreated syphilis can attack the brain and other vital organs, leading to insanity, blindness, paralysis, death.

15. Women who are infected with Herpes Simplex II are more likely to get cervical cancer later in life. TRUTH

    * For this reason, women with Herpes Simplex II should be careful to have a Pap smear test done every 6 to 12 months, according to their doctor's instructions.

16. A person with STD symptoms may have another kind of infection which is not STD. TRUTH

    * Painful urination in both males and females may be a symptom of a urinary tract or bladder infection which may or may not be related to a STD infection. Vaginal pain, itching, burning, and/or discharges may be symptoms of a vaginal infection which may or may not be related to a STD infection. The only way to know for sure is to see a physician.

17. Condoms are 100% protection from STD MYTH

    * It has been estimated that condoms could prevent 95% of all STD cases. Condoms only protect when all infected areas of the body are prevented from coming in contact with the partner's body.

18. If two people don't have STD to begin with, and they only have intercourse with each other, they'll never get STD. TRUTH

    * Only when one or both partners has sexual relations with other people who have STD can the original couple be exposed to STD.

19. Abstinence is 100% protection from STD. MYTH

    * 99% of all cases of STD are gotten through sexual intercourse. However, approximately

1% of all cases can be gotten through other forms of close contact (kissing, touching a sore). A person who is practicing abstinence might still become infected in this way, although the chances are very slim.

SEXUALLY TRANSMITTED DISEASE CASE STUDY EXERCISE

NOTE TO TEACHER: In presenting this exercise, it is important to state right away that abstinence is the primary way to avoid getting sexually transmitted disease. Also people who are sexually exclusive are less apt to get STD. The procedure information section needs to be covered clearly in class.

Purpose:

This exercise is designed to help students realize the effect sexually transmitted disease can have on interpersonal relationships and to understand how STD has become a social as well as a medical problem.

Time: 30 minutes

Materials: Case studies sheet, 1 per student

Procedure:

1. Be sure to tell students that not all teen relationships involve sexual intercourse. Since some do and since people may decide later on to have intercourse, it is good to look at some of the possible consequences and responsibilities that go along with being sexually active.

2. Explain that today you will be looking at and discussing some case studies that deal with the topic of sexually transmitted diseases.

3. Let them know that one reason sexually transmitted disease is an epidemic is that people may have feelings of guilt and shame associated with getting STD. Many times this may interfere with people getting treatment for themselves and/or informing their partner/partners that they may be infected.

4. Tell students that the class activity today will give them an opportunity to look at the risks to sexually active people of getting STD, how people might react to having STD, and how people could deal with that situation in a relationship.

5. Pass out case studies sheet to each student.

6. Discuss each of the case studies as long as needed.

Processing:

Case #1

Do you feel this is a realistic situation? If you were Janet, what would you say to Gail? Do you feel there is a right answer? Would Janet feel comfortable talking about this in class? At what age should STD education be taught?

Case #2

How do you feel Robert would handle the situation? Do you think he should be the one to tell John? What do you think John will do when he gets the news? How could this situation have been prevented? What are Mary's responsibilities in the case? Where could John go to get tested?

Case #3

Do you think this situation is realistic? How do you feel about Michelle? Does the fact she was drunk affect your opinion of what happened? What could this do to their relationship? How could this have been prevented?

Case #4

What do you think about them not keeping their agreements? Do you feel one is more "guilty" than the other? How could they handle this situation? What advice would you give each of them?

SAMPLE CASE STUDIES

1. Janet and Gail are sophomores in high school. They are taking a family life class and have just started the unit on sexually transmitted diseases. They are discussing their feelings about the unit. Janet has mixed feelings about learning about STD. She feels talking about it may encourage people to have sexual intercourse. Gail feels it's great to get this information. She already knows of people who have had STD.

2. Robert is a senior in high school. He has been dating and having intercourse with Mary during the last couple of months. He knows that Mary has also had intercourse with John and that John feels he is the only one in Mary's life. Robert has found out he has STD and needs to tell John he may also have it.

3. Gary and Michelle are seniors in high school. They have been going together for a long time. They have been having intercourse and have agreed not to date anyone else. Michelle went to a party a while back, got drunk and had sex with a guy. That guy told her today that he found out he has STD. She needs to let Gary know they should be tested for STD.

4. Pam and Doug have been dating and having intercourse for 8 months. During this time they made the agreement not to date anyone else. However, without the other person knowing, they both have had other sexual partners. They both have ended up with STD and have to let each other know they need to be tested. Each of them still would like to keep secret that they have had other sexual partners.

LOCAL SERVICES

Purpose:

To increase student's awareness of the services available in their county regarding STD screening and treatment.

Procedure:

Ask students to call local health centers, family planning clinics, or youth services agencies, requesting information about STD treatment.

Processing:

1. How did the people on the phone react to your problem?
2. Did you get the information you needed?
3. Were the answers helpful?

QUIZ

SEXUALLY TRANSMITTED DISEASES

1.	Syphilis is spread by dirty towels and toilets.	T	F
2.	Most women don't notice symptoms of gonorrhea.	T	F
3.	Vaginal warts are caused by swimming in contaminated pools.	T	F
4.	Syphilis can cause a rash and sore throat in the second stage.	T	F
5.	There is no definite cure for Herpes II.	T	F
6.	Syphilis will go away by itself in about three months.	T	F
7.	Herpes II is a virus, related to the cold sore virus Herpes I.	T	F
8.	A burning sensation when a man urinates may mean he has STD.	T	F
9.	If a pregnant woman has syphilis, her baby may be deformed.	T	F
10.	Penicillin will cure most forms of gonorrhea.	T	F
11.	Pubic lice are sometimes called crabs.	T	F
12.	Washing with soap and water will get rid of public lice.	T	F
13.	If you go to a STD clinic, they usually ask who you had sex with.	T	F
14.	If you go to a STD clinic, they will send a bill to your parents.	T	F
15.	You can't have syphilis and gonorrhea at the same time.	T	F
16.	A painless sore on a man's penis is a sign of syphilis.	T	F
17.	You can get gonorrhea by kissing someone who has it.	T	F
18.	Gonorrhea can cause blindness in babies if it isn't treated.	T	F

19.	Syphilis can cause insanity, deafness and paralysis later in life.	T	F
20.	Sterility is a common result of untreated gonorrhea.	T	F
21.	If a girl is on the pill, she cannot get STD.	T	F
22.	Condoms are a good method of preventing the spread of STD.	T	F
23.	Once you have had gonorrhea, you can never catch it again.	T	F
24.	If you have STD, you get a shot of penicillin and then you can start having sex again right away.	T	F
25.	You can catch pubic lice from towels and bedclothes.	T	F

QUIZ

SEXUALLY TRANSMITTED DISEASES

1.	Syphilis is spread by dirty towels and toilets.	T	(F)
2.	Most women don't notice symptoms of gonorrhea.	(T)	F
3.	Vaginal warts are caused by swimming in contaminated pools.	T	(F)
4.	Syphilis can cause a rash and sore throat in the second stage.	(T)	F
5.	There is no definite cure for Herpes II.	(T)	F
6.	Syphilis will go away by itself in about three months.	T	(F)
7.	Herpes II is a virus, related to the cold sore virus Herpes I.	(T)	F
8.	A burning sensation when a man urinates may mean he has STD.	(T)	F
9.	If a pregnant woman has syphilis, her baby may be deformed.	(T)	F
10.	Penicillin will cure most forms of gonorrhea.	(T)	F
11.	Pubic lice are sometimes called crabs.	(T)	F
12.	Washing with soap and water will get rid of public lice.	T	(F)
13.	If you go to a STD clinic, they usually ask who you had sex with.	(T)	F
14.	If you go to a STD clinic, they will send a bill to your parents.	T	(F)
15.	You can't have syphilis and gonorrhea at the same time.	T	(F)
16.	A painless sore on a man's penis is a sign of syphilis.	(T)	F
17.	You can get gonorrhea by kissing someone who has it.	(T)	F
18.	Gonorrhea can cause blindness in babies if it isn't treated.	(T)	F

19. Syphilis can cause insanity, deafness and paralysis later in life. (T) F

20. Sterility is a common result of untreated gonorrhea. (T) F

21. If a girl is on the pill, she cannot get STD. T (F)

22. Condoms are a good method of preventing the spread of STD. (T) F

23. Once you have had gonorrhea, you can never catch it again. T (F)

24. If you have STD, you get a shot of penicillin and then you can start having sex again right away. T (F)

25. You can catch pubic lice from towels and bedclothes. (T) F

SEXUAL ASSAULT

Purpose:

To increase students' awareness of psychosocial pressures faced by victims of sexual assault.

Time: 20-30 minutes

Materials: Copies of Incomplete Sentences

Procedure:

1. Ask students to complete the following incomplete sentences:
   a. A rapist is...
   b. A rape victim is...
   c. Women get raped because...
   d. When it comes to rape, police are...
   e. If I/my girlfriend were raped, I would...
   f. When it comes to rape, hospitals are...
   g. I could never be raped because...
   h. Going to court for a rape trial is...
2. Process in large group.

Processing:

1. Why do so many rapes go unreported?
2. Why do people tend to blame the victim of sexual assault?
3. What could society do to help victims of sexual assault?
4. What can women do to avoid being attacked?
5. What can men do to prevent sexual assaults?

ACQUAINTANCE RAPE: FOUR TRIGGER FILMS

Purpose:

View situations that promote discussions leading to steps that prevent sexual assault.

* Changing peer pressure into peer protection
* Asserting personal rights
* Assuming responsibility for behavior
* Communicating expectations

Time: 20 minutes per film

Materials: Acquaintance Rape: 4 Trigger Films

Procedure:

Before film, ask students to look for specific items in the film:

* Sex roles they have been taught
* What their attitudes and their expectations are

Processing:

1. Invite students to talk freely about feelings triggered by events in the film.
2. Explore similarities between what happened in the film and experiences of people they know.
3. Discuss some of the following questions:
   * What is assertive behavior?
   * What is aggressive behavior?
   * Who's in charge in the film?
   * What are the advantages and disadvantages of being the person who makes the decisions?
   * What are the advantages and disadvantages of being the follower?
   * How do you communicate expectations?

* How can you resist peer pressure?

* How can peers help each other?

Synopsis of Films

* The Party: Examines expectations of teens meeting at a party.

* The Date: Explores attitudes about what is expected on a date.

* One of the Boys: Peer group pressures and the macho-image.

* End of the Road: Young woman successfully handles a potentially dangerous situation.

QUIZ

SEXUAL ASSAULT

Circle "T" for True and "F" for False.

1. Reported rape and sexual assaults are increasing each year. T F

2. Most rapes happen to older women, teenagers don't need to worry about it. T F

3. Rape victims should go to a hospital to check for possible STD, possible pregnancy, and possible injuries. T F

4. If a victim goes to court for a rape trial, she must hire a lawyer. T F

5. Men who commit sex crimes are crazy, and you can tell them by looking at them. T F

6. More than half of the victims who report a sexual assault know the person who assaulted them. T F

7. Women who wear sexy clothes are in more danger of being raped than women who dress conservatively. T F

8. A woman who has been raped will probably not ever enjoy sex again. T F

9. Rapists are looking for sexual pleasure when they attack. T F

10. If you know self-defense, you will never get raped. T F

11. Men are victims of sexual assault too. T F

12. Many women are sexually assaulted because they let someone into their house or apartment without checking to see who it is. T F

13. If a young child is assaulted, the parents need counseling almost as much as the child does. T F

14. We really don't know how many rapes occur each year, but it's estimated that only one in every 10 victims reports it to the police. T F

15. Women should report sexual assaults to the police in order to help catch the person who commits those crimes. T F

16. Most rape victims do not get pregnant from the attack. T F

17. Rape is more common in cities than in the country, but it happens everywhere. T F

18. Rapists are looking for power and control, not sexual gratification. T F

QUIZ

SEXUAL ASSAULT

Circle "T" for True and "F" for False.

1. Reported rape and sexual assaults are increasing each year. (T) F
2. Most rapes happen to older women, teenagers don't need to worry about it. T (F)
3. Rape victims should go to a hospital to check for possible STD, possible pregnancy, and possible injuries. (T) F
4. If a victim goes to court for a rape trial, she must hire a lawyer. T (F)
5. Men who commit sex crimes are crazy, and you can tell them by looking at them. T (F)
6. More than half of the victims who report a sexual assault know the person who assaulted them. (T) F
7. Women who wear sexy clothes are in more danger of being raped than women who dress conservatively. T (F)
8. A woman who has been raped will probably not ever enjoy sex again. T (F)
9. Rapists are looking for sexual pleasure when they attack. T (F)
10. If you know self-defense, you will never get raped. T (F)
11. Men are victims of sexual assault too. (T) F
12. Many women are sexually assaulted because they let someone into their house or apartment without checking to see who it is. (T) F
13. If a young child is assaulted, the parents need counseling almost as much as the child does. (T) F
14. We really don't know how many rapes occur each year, but it's estimated that only one in every 10 victims reports it to the police. (T) F

15. Women should report sexual assaults to the police in order to help catch the person who commits those crimes. (T) F

16. Most rape victims do not get pregnant from the attack. (T) F

17. Rape is more common in cities than in the country, but it happens everywhere. (T) F

18. Rapists are looking for power and control, not sexual gratification. (T) F

PREGNANCY SYMPTOMS AND TESTING

Purpose:

The purpose of this activity is to review the symptoms of pregnancy and the procedures for pregnancy testing.

Time: 10 minutes

Materials: Blackboard or newsprint and markers

Procedure:

1. Before starting, explain to students that although we hope that none of them will have to deal with this, we do know that one out of ten 15-19 year old girls gets pregnant each year. It is therefore important for people to understand information related to pregnancy symptoms and testing.

2. Ask students to brainstorm symptoms of pregnancy as you write them on the blackboard/newsprint. Symptoms to cover are:

   a. late period

   b. nausea

   c. tender breasts

   d. frequent urination

   e. weight gain

   f. cravings for special food

3. Topics to cover when discussing pregnancy testing are:

   a. local resources for testing, laws related to teens

   b. cost of tests

   c. types of tests and their effectiveness

   d. when tests can be done

   e. possible things that cause late periods other than pregnancy

f. need for early testing and counseling

g. male's involvement during this time

FETAL GROWTH AND DEVELOPMENT

Purpose:

The purpose of this activity is to provide students with an understanding of fetal growth and development, including health aspects concerning nutrition, drug abuse and alcohol abuse, etc.

Time: 15-20 minutes

Materials: Slides or charts of fetal development recommended

Procedure:

1. Explain to students that pregnancy is divided into three trimesters (periods of three months). When discussing the first trimester cover such topics as:

   a. Time when woman can tell she is pregnant

   b. Definition of embryo and fetus

   c. Definition and function of placenta

   d. Need for prenatal care

   e. Effects of drugs, alcohol, tobacco on developing embryo-fetus

   f. Approximate sizes and developmental stages of embryo-fetus during first trimester.

2. When discussing the second trimester, cover such topics as:

   a. Time when movement is felt by woman

   b. Point where sex of fetus is distinguishable

   c. Approximate sizes and developmental stages of fetus during second trimester

3. When discussing the third trimester, cover such topics as:

   a. Approximate sizes and developmental stages of fetus during third trimester.

   b. Definition of premature birth

c. Odds of newborn surviving at different stages

d. Problems associated with premature births

e. What full-term pregnancy means

THE BIRTH PROCESS

Purpose:

The purpose of this activity is to review what happens during labor and delivery.

Time: 15-20 minutes

Procedure:

1. Explain to students that the function of labor is to allow the muscular contractions of the uterus to open the cervix and push the baby out. Labor is divided into three stages. Topics to cover when discussing the first stage are:

   a. What is effacement?

   b. What is dilation?

   c. Length this stage lasts

   d. Feelings a woman might have

   e. Ways the doctor or nurse help during this stage

2. Explain that with the second stage of labor comes a different kind of contraction. Topics to cover when discussing the second stage are:

   a. Types of contractions and what they do

   b. Length stage lasts

   c. What episiotomy is and reason for doing it

   d. What vernix is and its function

   e. What women might experience and how a doctor, nurse or coach help during this stage.

3. Explain that the third stage is the delivery of the placenta (afterbirth). Topics to cover when discussing the third stage are:

   a. Functions of the placenta

   b. Need for inspecting placenta

   c. Possibility woman may need stitches

4. Explain that after delivery it is very important to be protected from infection. For this reason, doctors often instruct couples to abstain from intercourse for several weeks.

QUIZ

PREGNANCY

1. A woman cannot get pregnant until she:

   a. is 12 years old
   b. wants a baby
   c. has ovulated
   d. has orgasm when she has sex

2. A man cannot get a woman pregnant until he:

   a. has wet dreams
   b. is 14 years old
   c. has hair on his face and underarms
   d. begins producing sperm

3. When a woman is pregnant, she:

   a. has a period every month
   b. should not have sex
   c. should see a doctor regularly
   d. cannot get STD

4. When the ovary releases an egg, about once a month, it is called:

   a. fertilization
   b. menstruation
   c. ovulation
   d. puberty

5. Sperm cells fertilize egg cells in:

   a. the vagina
   b. the testes
   c. the ovaries
   d. the Pallopian tube

6. When a woman is pregnant, the baby grows in her:

   a. uterus
   b. ovary
   c. vagina
   d. stomach

7. Which of these will not affect a baby in the mother's uterus?

   a. mother has syphilis
   b. mother engages in sex
   c. mother drinks alcohol
   d. mother smokes cigarettes

8. If a mother smokes during her pregnancy, it is possible that the baby will be:

a. bald
b. more apt to get lung cancer
c. smaller than normal weight
d. mentally retarded

9. A good way to prevent pregnancy is to have sex only:

a. during the girl's period
b. standing up
c. once a week
d. using birth control

10. The sex of a baby is determined by:

a. the egg from the mother
b. the hormones in the mother
c. the sperm from the father
d. the blood in the uterus

11. If a woman misses her period, it means that:

a. she stopped ovulating
b. she should stop having sex
c. she might be pregnant
d. she is definitely pregnant

QUIZ

PREGNANCY

1. A woman cannot get pregnant until she:

   a. is 12 years old
   b. wants a baby
   (c.) has ovulated
   d. has orgasm when she has sex

2. A man cannot get a woman pregnant until he:

   a. has wet dreams
   b. is 14 years old
   c. has hair on his face and underarms
   (d.) begins producing sperm

3. When a woman is pregnant, she:

   a. has a period every month
   b. should not have sex
   (c.) should see a doctor regularly
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   a. fertilization
   b. menstruation
   (c.) ovulation
   d. puberty

5. Sperm cells fertilize egg cells in:

   a. the vagina
   b. the testes
   c. the ovaries
   (d.) the Fallopian tube

6. When a woman is pregnant, the baby grows in her:

   (a.) uterus
   b. ovary
   c. vagina
   d. stomach

7. Which of these will not affect a baby in the mother's uterus?

   a. mother has syphilis
   (b.) mother engages in sex
   c. mother drinks alcohol
   d. mother smokes cigarettes

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(c.) smaller than normal weight
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c. once a week
(d.) using birth control

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a. the egg from the mother
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d. the blood in the uterus

11. If a woman misses her period, it means that:

a. she stopped ovulating
b. she should stop having sex
(c.) she might be pregnant
d. she is definitely pregnant

ATTITUDES ABOUT PARENTING

Purpose:

To help students clarify personal attitudes related to parenting.

Time: 20-30 minutes

Materials: Open space where all students can stand in the classroom, and five posters reading: agree strongly, agree somewhat, unsure, disagree somewhat, disagree strongly

Procedure:

1. Place the posters in a line so that students can stand next to the one that represents their feelings about statements. Teacher reads statements about parenting (included at the end of this section). Students go to the place that indicates how they feel.

2. Ask students who are widely separated to explain their differences. Be sure to accept all responses as valid.

Processing:

1. Which questions got the most diversity?

2. Where do we learn our attitudes about families?

3. Were there questions that separated males and females more than others? Why?

STATEMENTS FOR ATTITUDES ABOUT PARENTING

1. Caring for children is a tedious and boring job.
2. A good reason for having children is that they can help when parents are too old to work.
3. Most married couples would be happier if they did not have children.
4. Having children gives a person a special incentive to succeed in life.
5. It is important to have children so that the family traditions will live on.
6. It is only natural that a man should want children.
7. Considering the pressures from family and friends, a person really doesn't have much choice about whether or not to have children.
8. It's a person's duty to society to have children.
9. All the efforts parents make for their children are worthwhile in the long run.
10. Having children makes a stronger bond between husband and wife.
11. It's the parents' fault if their children are not successful in life.
12. Having children is the most important function of marriage.
13. Children limit you in what you want to do and where you want to go.
14. For most people, it is inevitable to have children.
15. One of the best things about having children is the true loyalty they show to their parents.
16. Having children causes many disagreements and problems between husband and wife.
17. It is only natural that a woman should want children.
18. A man has a duty to have children to continue the family name.

19. People can feel that part of them lives on after death if they have children.

20. It isn't right for a couple to interfere with nature by deciding to limit the number of children they will have.

TEENS IN SOCIETY

Purpose:

The purpose of this activity is to organize class discussion about the implications of teen parenting. Students have the opportunity to explore the social influences that encourage and/or discourage teens from becoming parents.

Time: 30 minutes

Materials: Scratch paper, blackboard or newsprint and marker

Procedure:

1. Divide class into small coed groups.
2. Assign the following topics, one to each group:
    a. Attitudes toward teen parenting - what society thinks, what teens think.
    b. Advantages and disadvantages of teen pregnancy - for the girl, for the boy.
    c. How a teen's life would change if s/he became a parent - for both the father and the mother.
    d. The role of young people in society - their image in the media; what they contribute to society; what their special tasks are at this time in their lives.
3. Give students 10-15 minutes to brainstorm. Circulate among the groups to facilitate discussion.

Processing:

Have each group report its results to the rest of the class.

I LEARNED STATEMENTS

Purpose:

The purpose behind "I learned statements" is to help summarize what has gone on during a particular unit in order to help clarify and reinforce what has been learned. It is also a helpful way for teachers to get feedback (and for students to give feedback) on the value of the day's or week's activities. This exercise could be used at the end of every class period, or after each subject area, or at the end of a longer unit. Remember, evaluation is a continuing process and should be included throughout the program.

Time: 5-15 minutes

Materials: Blackboard and/or paper and extra pencils

Procedure:

1. Explain that this exercise is to help them focus on what has been most helpful or significant for them during the learning period. Since we sometimes get much information at once, more than we can possibly remember, it can be advantageous to single out that which is most important.

2. Put the following incomplete sentences on the blackboard and ask the students to think about what they have just learned or relearned about sexuality or themselves or their values. They are then to choose one or two incomplete sentences and finish them.

I learned that...	I realized that I...
I relearned that...	I was surprised that I...
I noticed that I...	I was pleased that I...
I discovered that I...	I was displeased that I...

3. Break the class into groups of three to spend a few minutes sharing their "I Learned Statements" with one another.

4. Ask volunteers to share their "I Learned Statements" with the total class.

Suggestions:

When time is limited, the teacher can simply go around the room asking students to spontaneously (with the option to pass) complete the incomplete phrase.

CIRCLE COMPLIMENTS

Purpose:

This exercise is a non-threatening device to help students make positive comments towards each other (not always easy for high school students or adults) and raise the self-esteem of everyone involved. It also helps to develop a sense of caring community and group cohesiveness. It is a good way to end a session.

Time: 10 minutes

Materials: 5 x 8 cards, pencils

Procedure:

1. Begin by talking about how important it is for people to feel good about themselves: "Because we would like to end this unit on a positive note, we're going to do an exercise where we give each other 'strokes,' compliments and positive feelings."

2. Have the class sit in a circle (or divide the class into groups of about ten with each group sitting in a circle).

3. Each student gets a 5 x 8 card.

4. Have student write own name on card.

5. On signal, have the students pass cards to left.

6. On signal to stop, stop and write a compliment about the person whose name is on the top of the card.

7. Keep the cards going around until everyone has received around ten compliments.

8. Once the students have their own cards back, have them write down something nice about themselves.

9. Let the students take their cards and their good feelings home.

APPENDIX B

Word Find Games

WORD FIND - MALE

E Q J V C N B U L B O U R E T H R A L U
M X R X Q X I O X F U P T E L H J Z Q M
M U T O R C S G Y V G A P S N A P R U K
H S A R H T E R U V L I C X O F X E N Q
E R E C T I O N K U D A L Z I A T P S G
O F M M P S E B C I W R A K Z A R T I X
U L J G E E M A D Q N T U Y T P O I N P
B K S N P N J Y W E A J E S U S I S E B
G M M P C E M V G M V N O P N D R X P C
Y U Y K O I G O R K O R V A R E G D U M
G X E M S M R E J R P A L S P E I H U T
B E P O E D P C E A S G J W N S P L X K
Q U T O N S P T U E Y T O I P T L U J H
H T M A C P S U C M E C K Y H R I C C N
B E I P H O A T P S C S U T A E M A C E
S T Z G T X O R T P E I I P U L P P P Q
Z Z S S A M K I T R K G S I G P U I T H
W I E H Y T C A O Q I M S I Y P Q C E R
K T B S R L W P T U U O L D O R C U I H
E Z I I E A Y V M D U Q P V C N T D P Q

THERE ARE 20 WORDS HERE - CAN YOU FIND THEM?

HERE ARE THE WORDS TO LOOK FOR:

ANDROGEN
CIRCUMCISION
EJACULATE
ERECTION
GLANS
PENIS
PROSTATE
SEMEN
TESTICLE
URETHRA
BULBOURETHRAL
COWPERS
EPIDIDYMIS
FORESKIN
MEATUS
PREPUCE
SCROTUM
SPERMATAZOA
TESTOSTERONE
VASECTOMY

WORD FIND - FEMALE

P I E F N U S X T Q B H E B V B F M G B
F J X V I K X U S Q J W S V D O W E V M
G P P A A S U A B X Q G W C A A V G V H
S V W R U L P G K X B K M S D A D F D W
D N V T O M A R G Z X X S B G L J C C J
P D A D N G X B X V X I J I D D T E W E
M E L T F M E E I D B J N X H U T R L F
M U S O W O F S B A F A V E O K O V M K
D T I A V L U V T P G J R V B V L I C E
W C V R J I K K I E L E U T A B H X L W
G W L P T H Y M E N R L S R H U N U X G
S K E U M E J E G I A O I N R O B G F N
U V P F N Z M E W T S E N E O I L A K B
R T X X C L M O I D S I T E T M L I E H
E U H A N W N O D E F H R S P L X R N W
T L W G P M N I W N R T E O O W S L G S
U H Z K P R X Y X A E V T P T R J H G Y
K N E G O R T S E X P O I T R I E M P H
J V M K H B Q B T S U A A Y B Y L P A Z
N W T E T A U R T S N E M C H G D C M E

THERE ARE 20 WORDS HERE - CAN YOU FIND THEM?

HERE ARE THE WORDS TO LOOK FOR:

BARTHOLINS
CLITORIS
ESTROGEN
HYMEN
MEATUS
MONS
OVULATION
PROGESTERONE
UTERUS
VESTIBULE
CERVIX
ENDOMETRIUM
FALLOPIAN
LABIA
MENSTRUATE
OVARIES
PELVIS
URETHRA
VAGINA
VULVA

APPENDIX C

Teaching Illustrations

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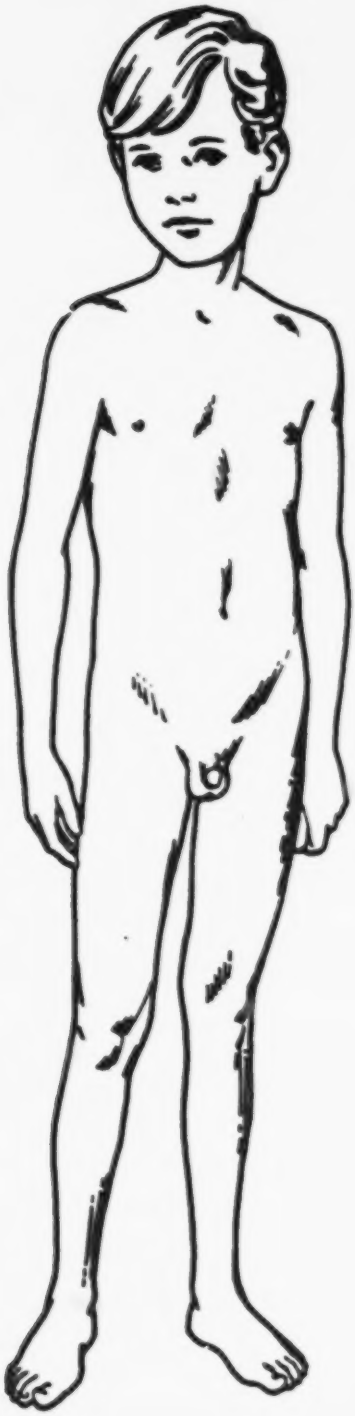
Male Child



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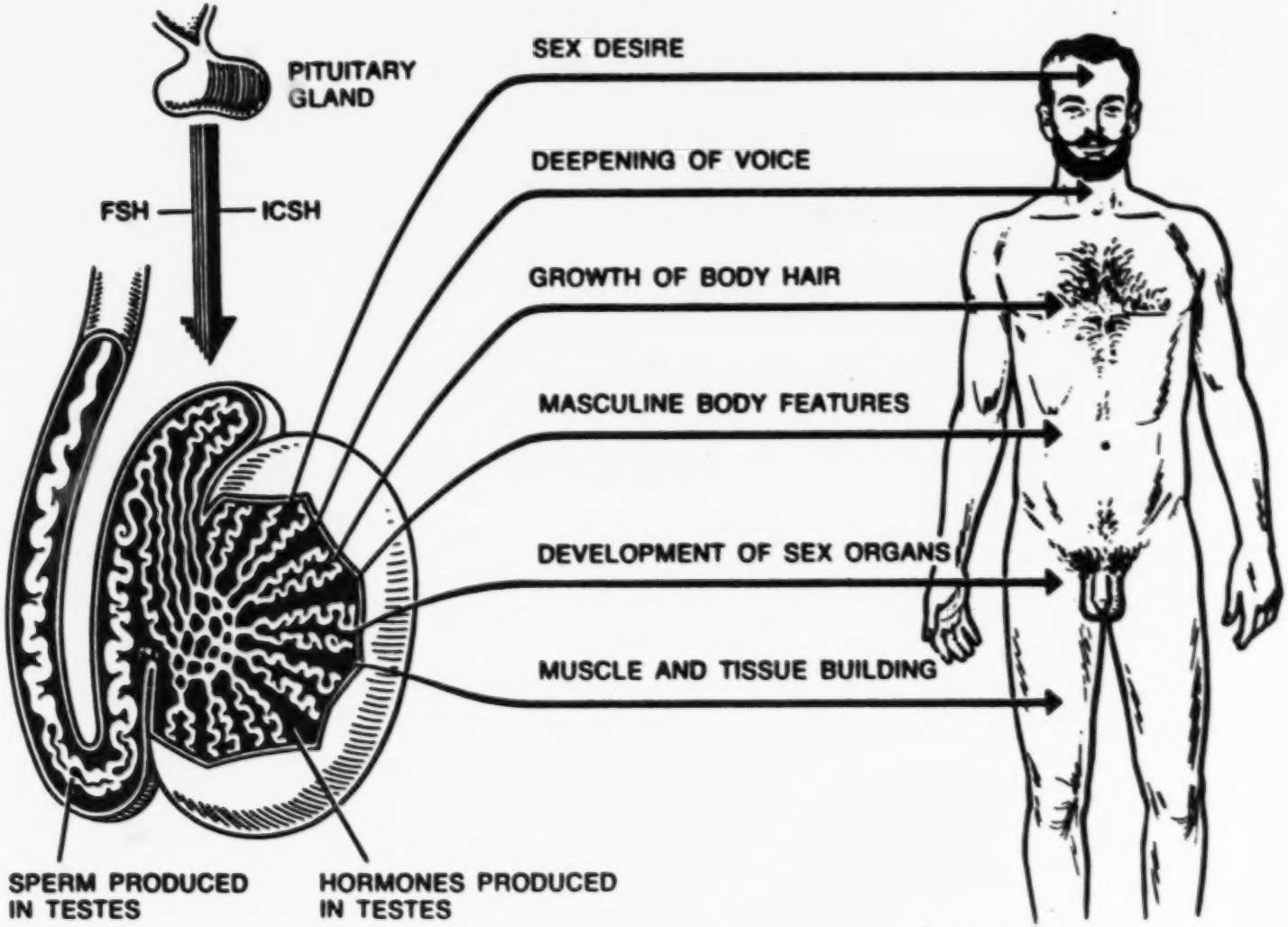
Male Secondary Sex Characteristics



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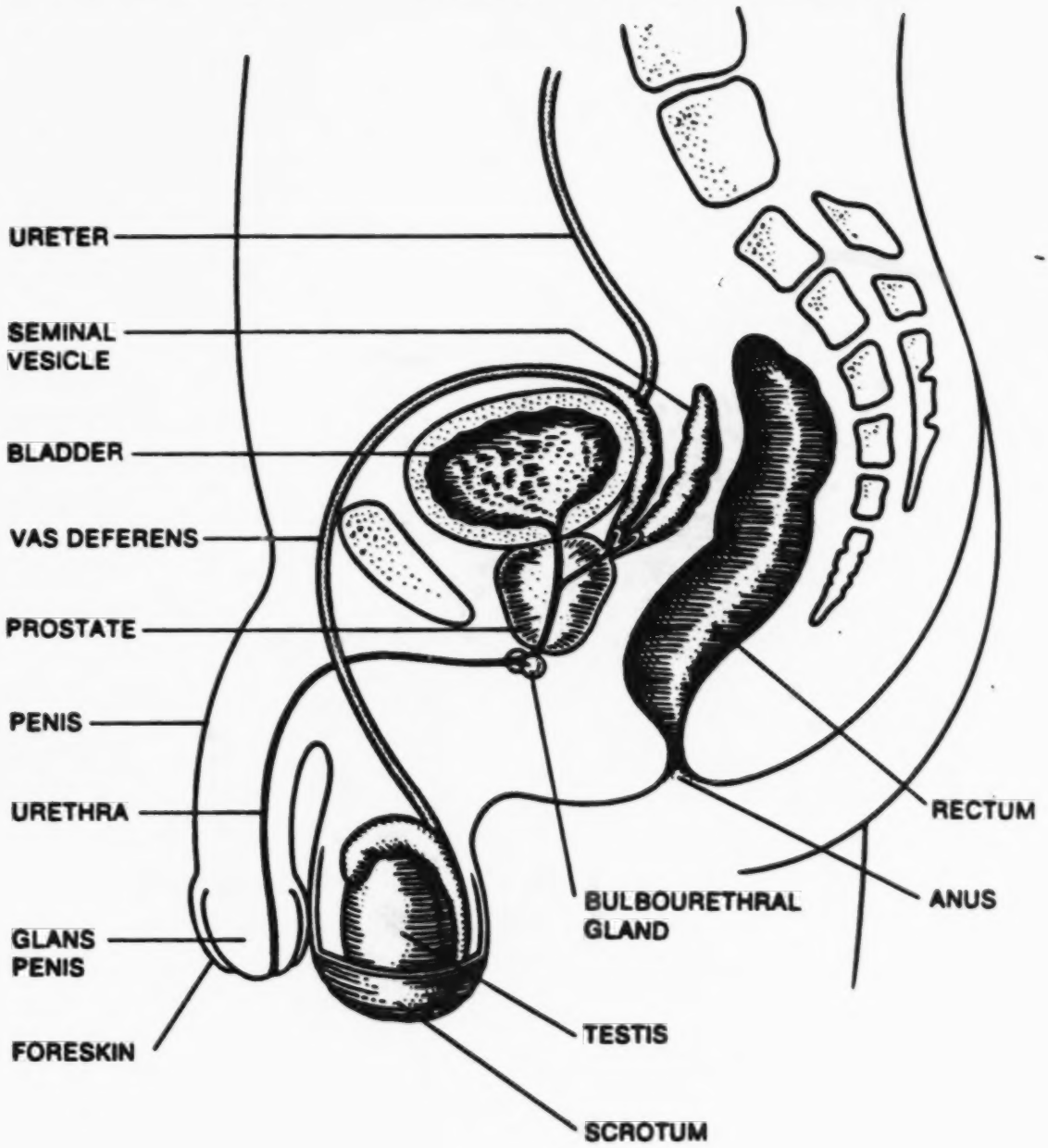
Male Reproductive System (Side View)



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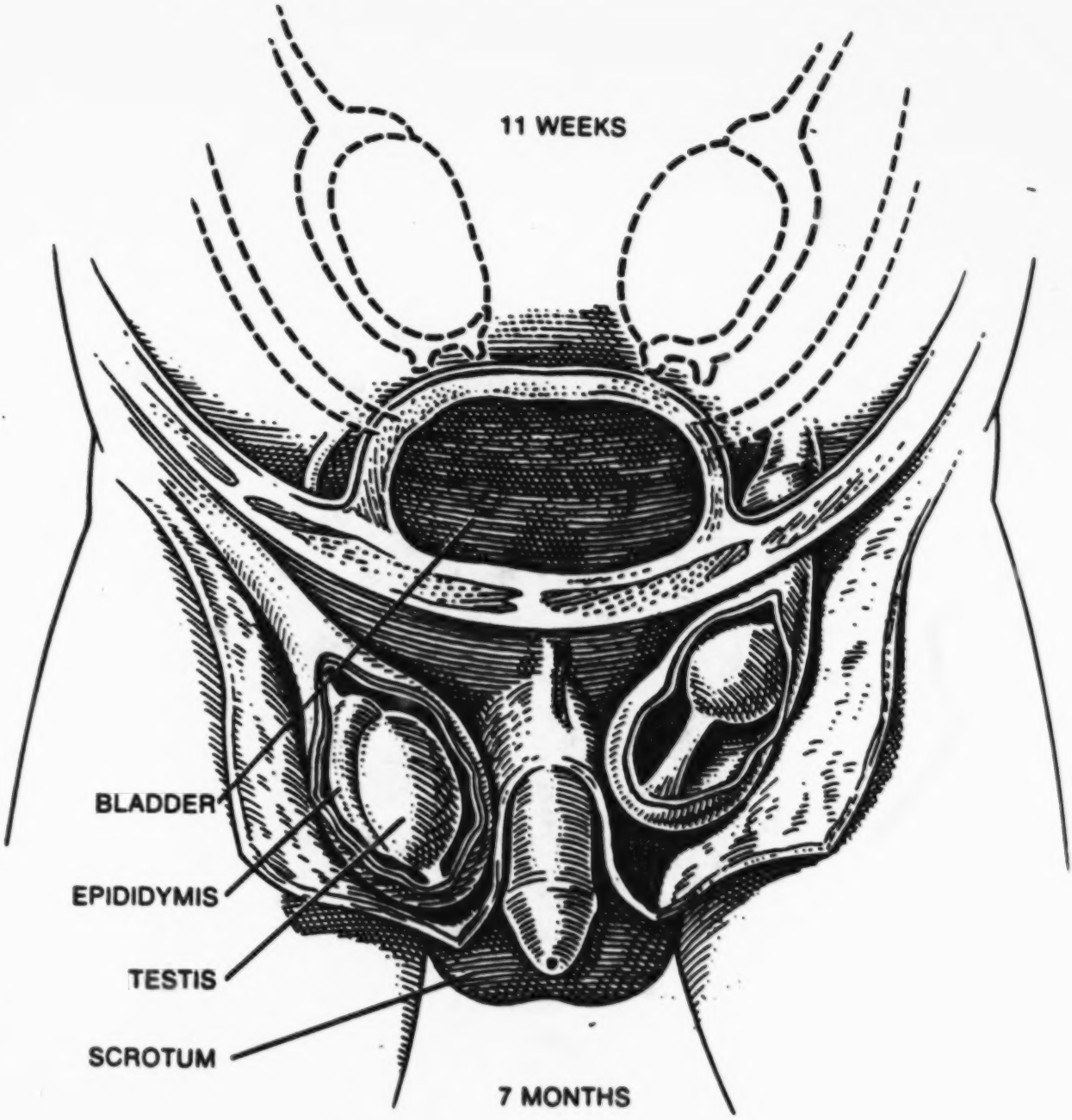
Descent of Testes



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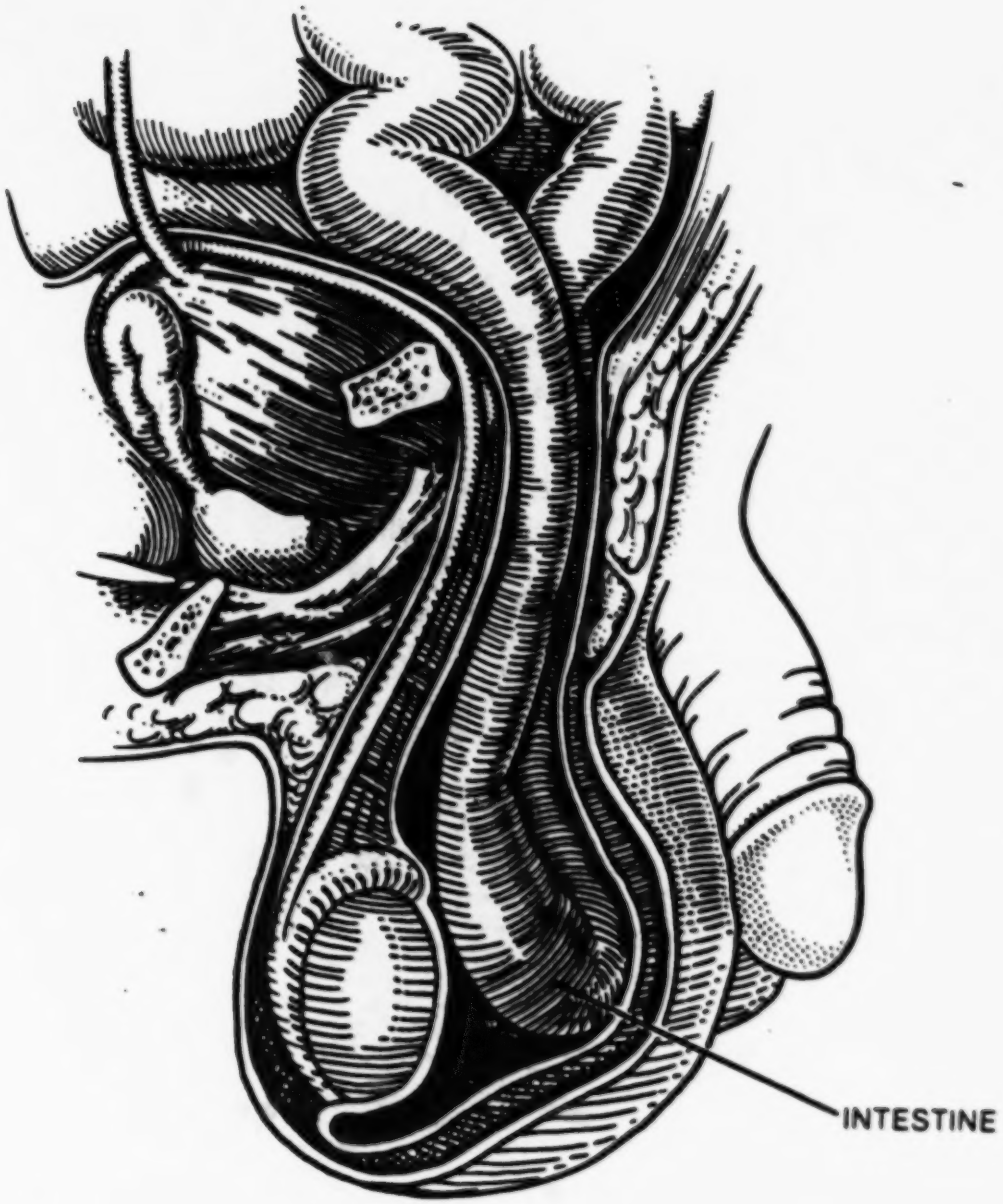
Hernia



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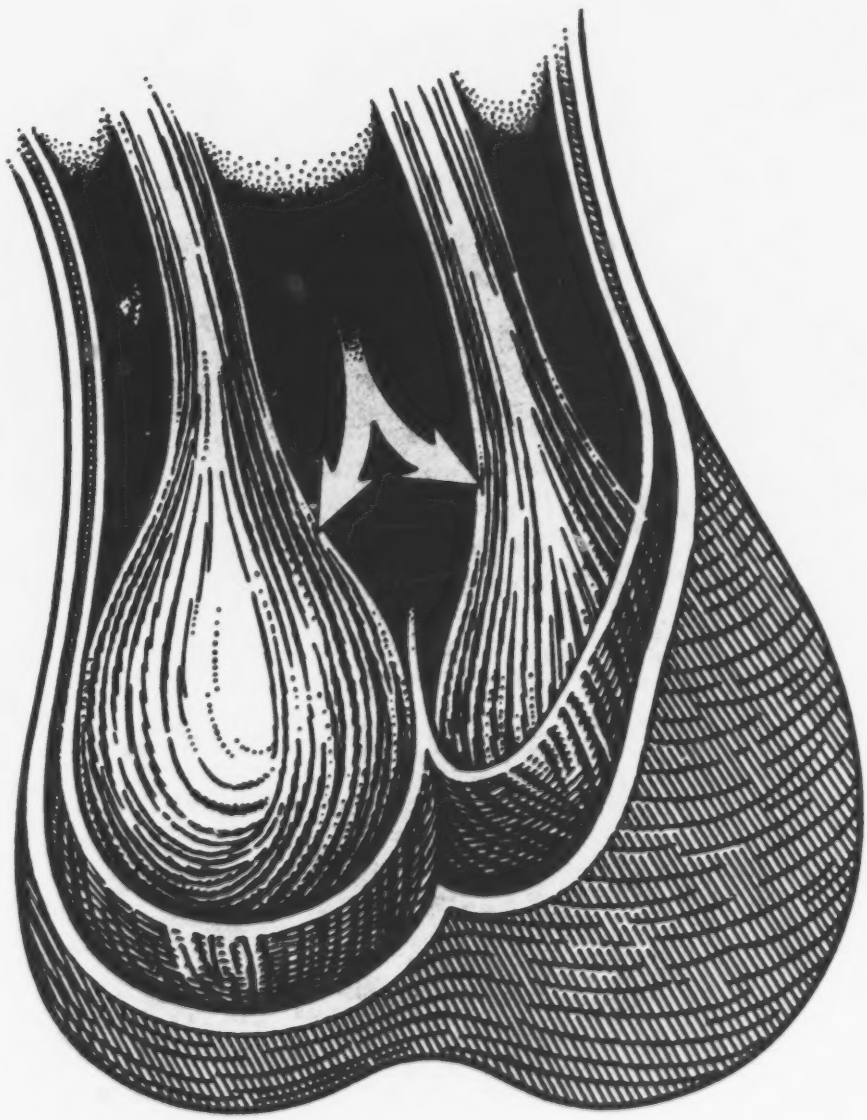
Cremasteric Muscles



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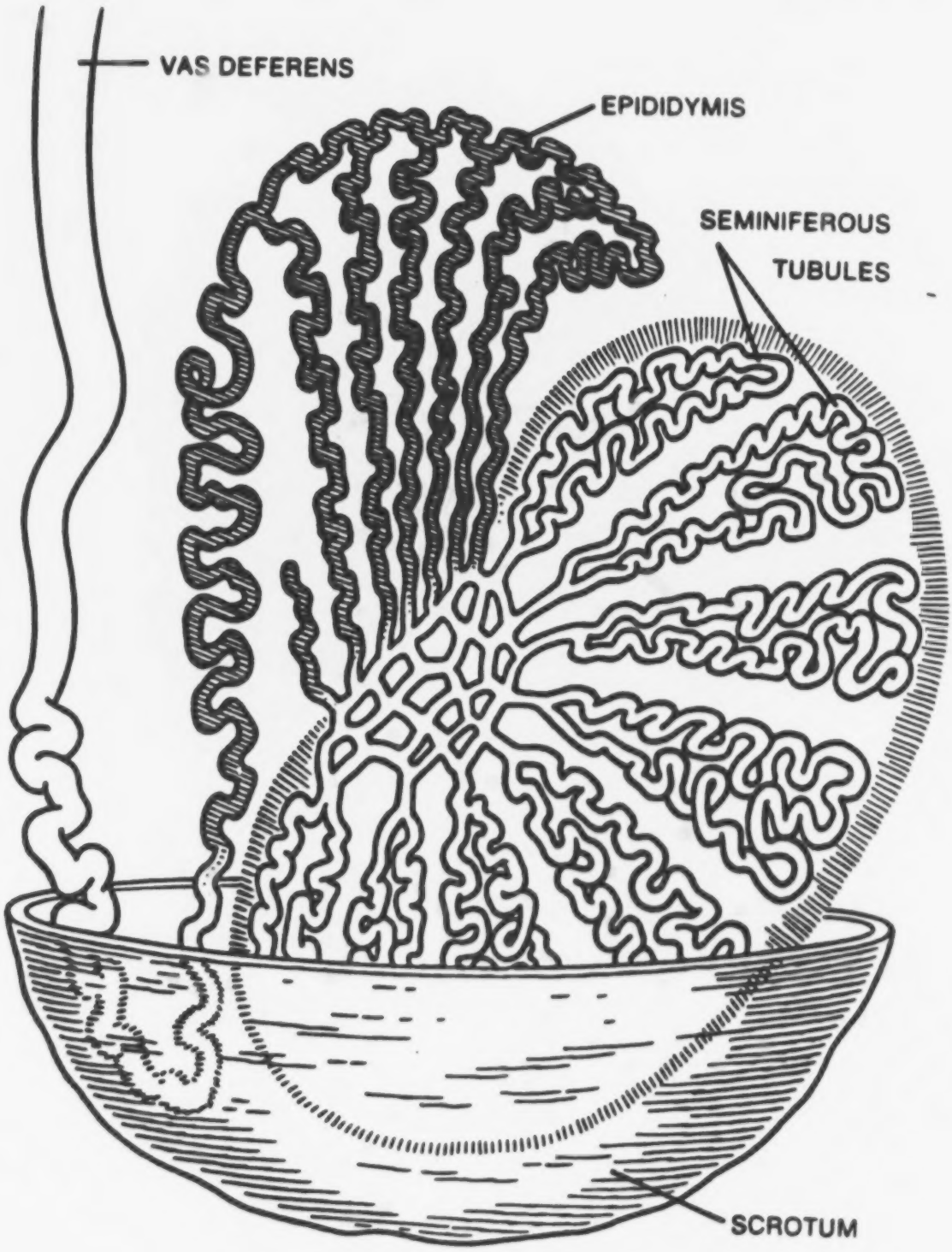
The Testis, Epididymis, and Vas Deferens



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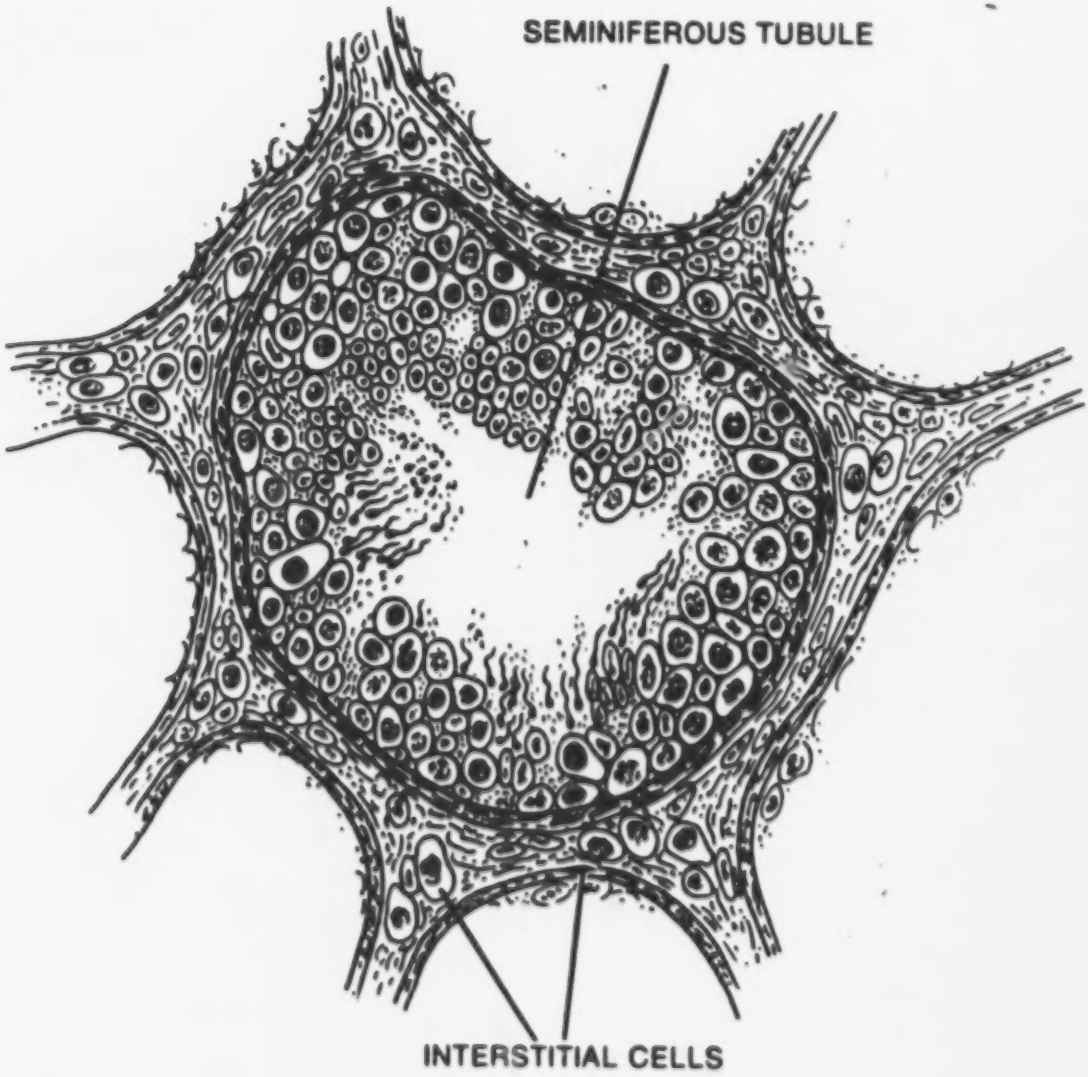
Seminiferous Tubules and Interstitial Cells



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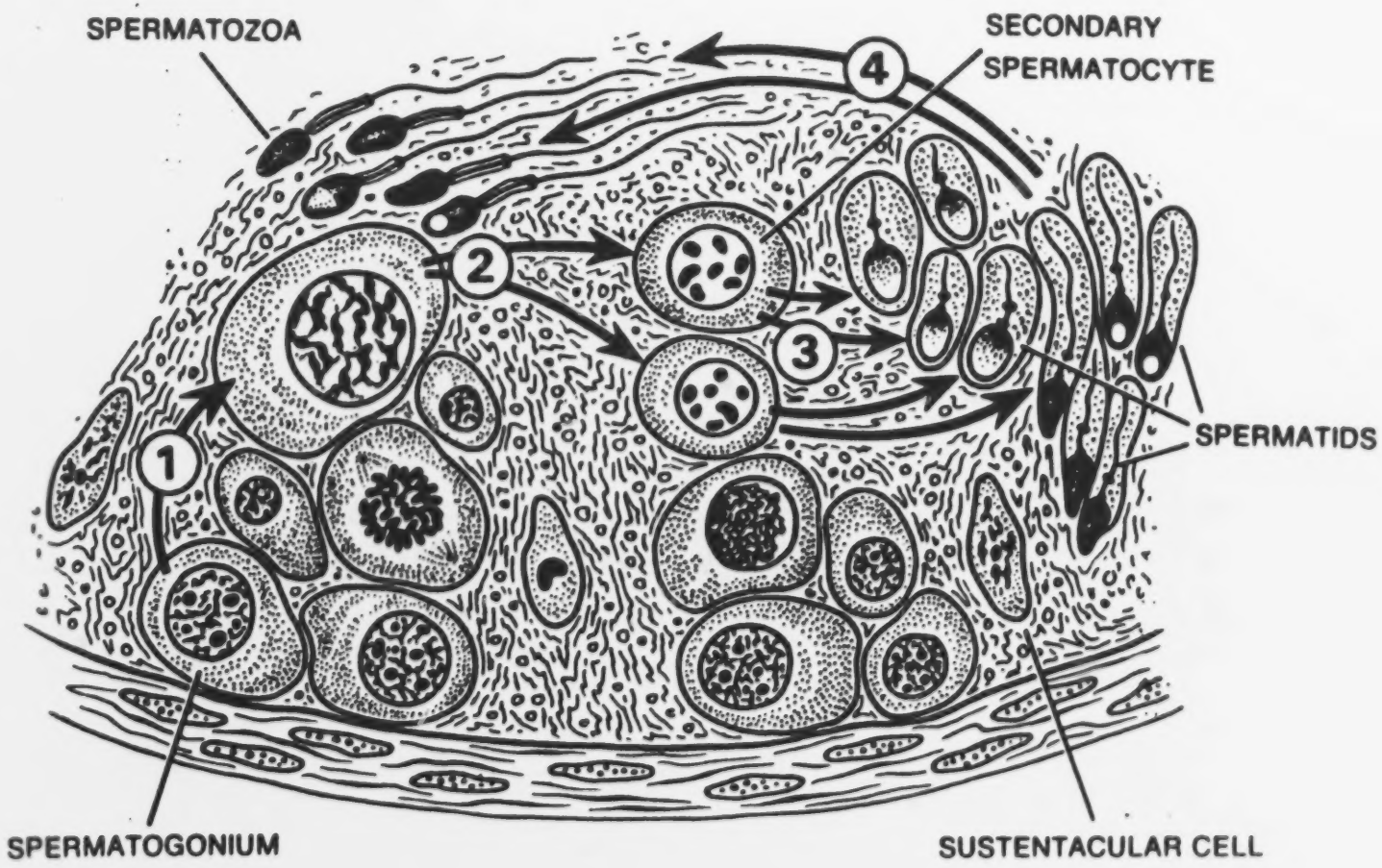
Sperm Development



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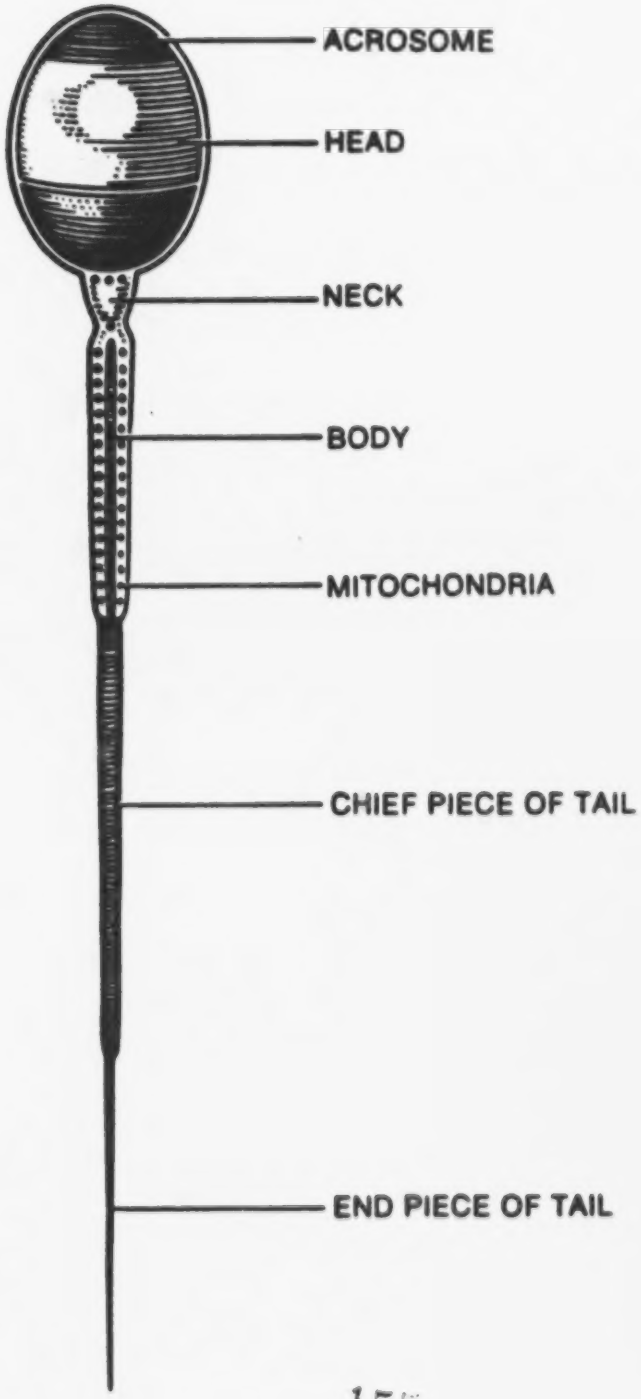
Structure of a Sperm



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Abnormal Sperm

NORMAL SPERM

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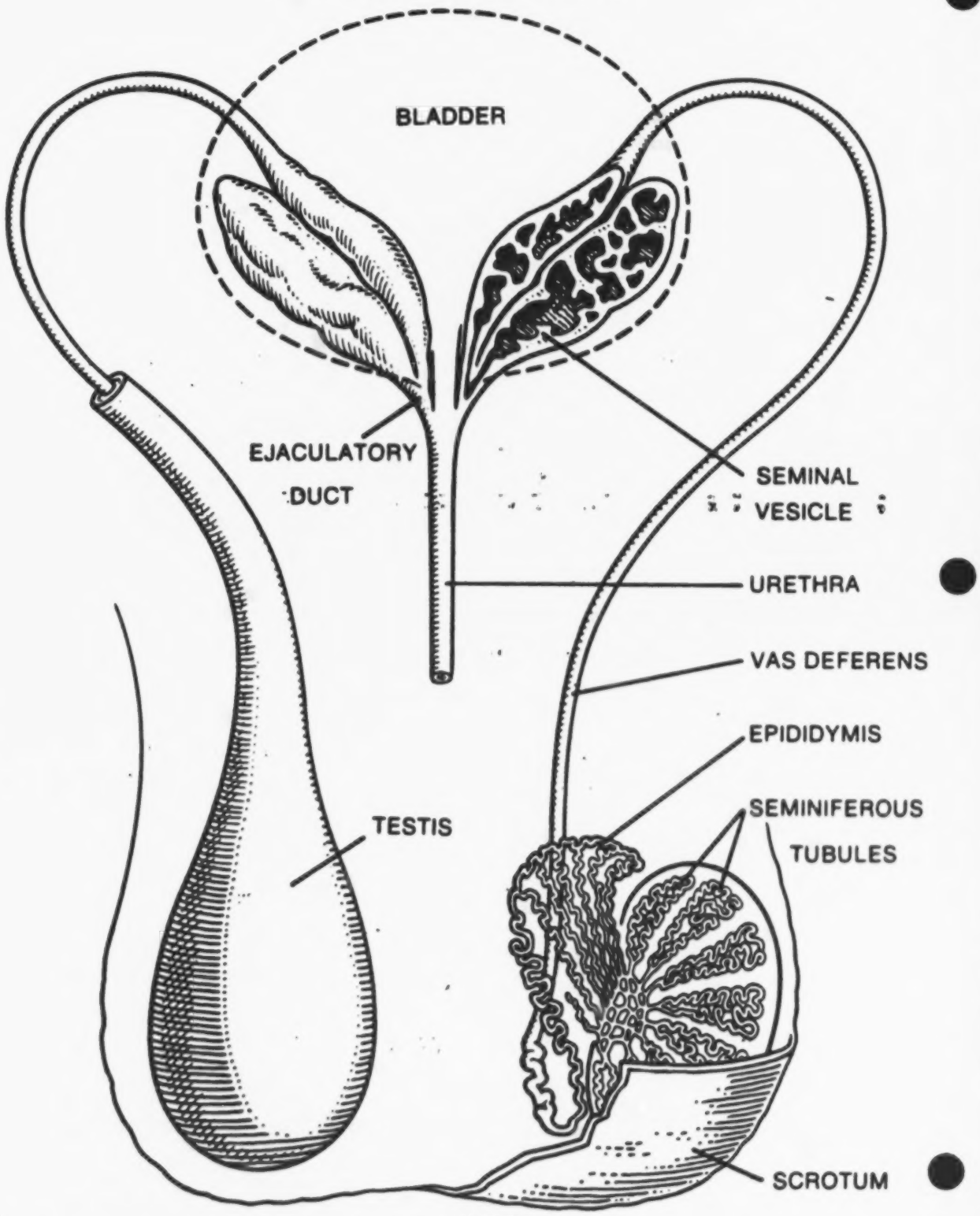
Seminal Vesicle



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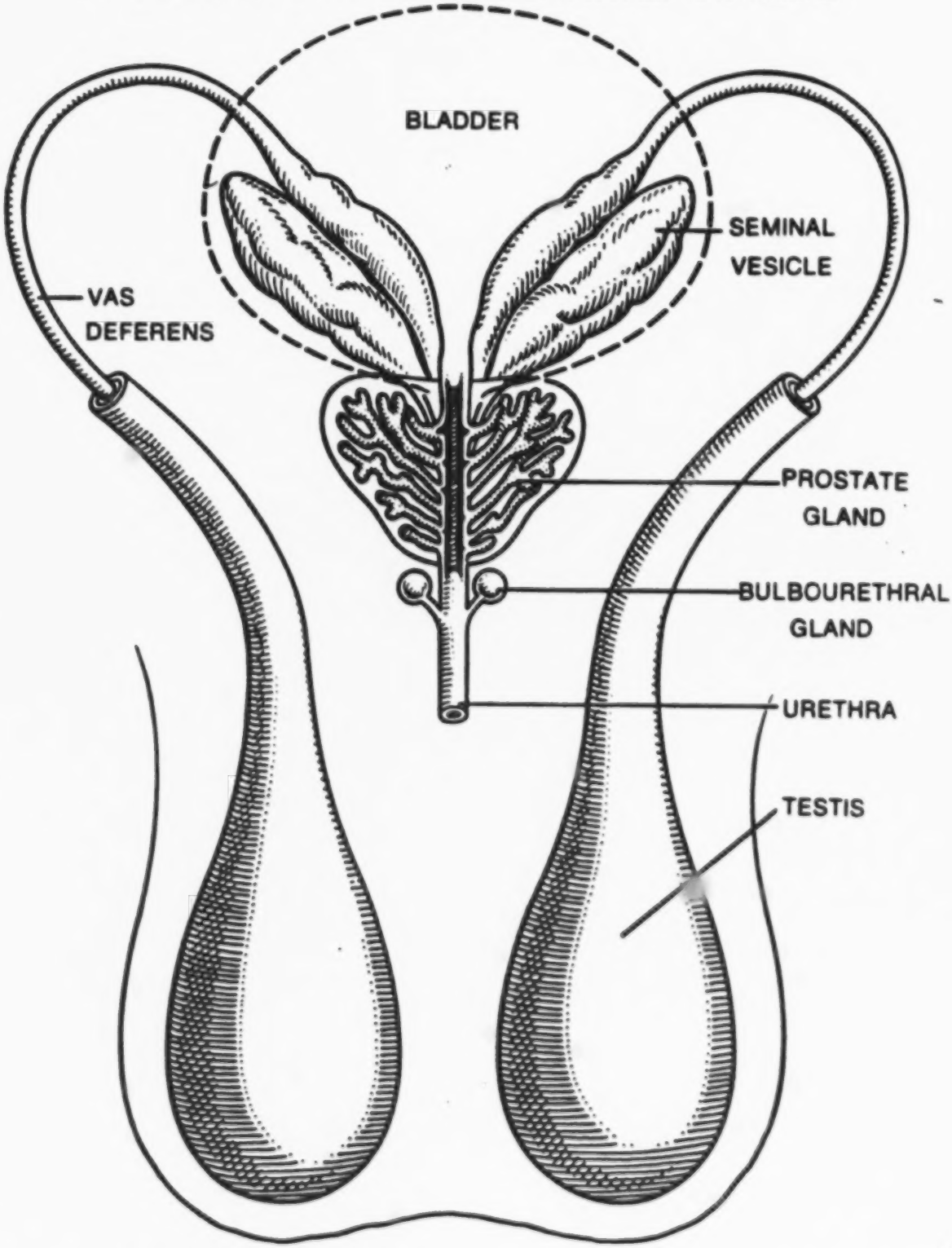
Prostate and Bulbourethral Glands



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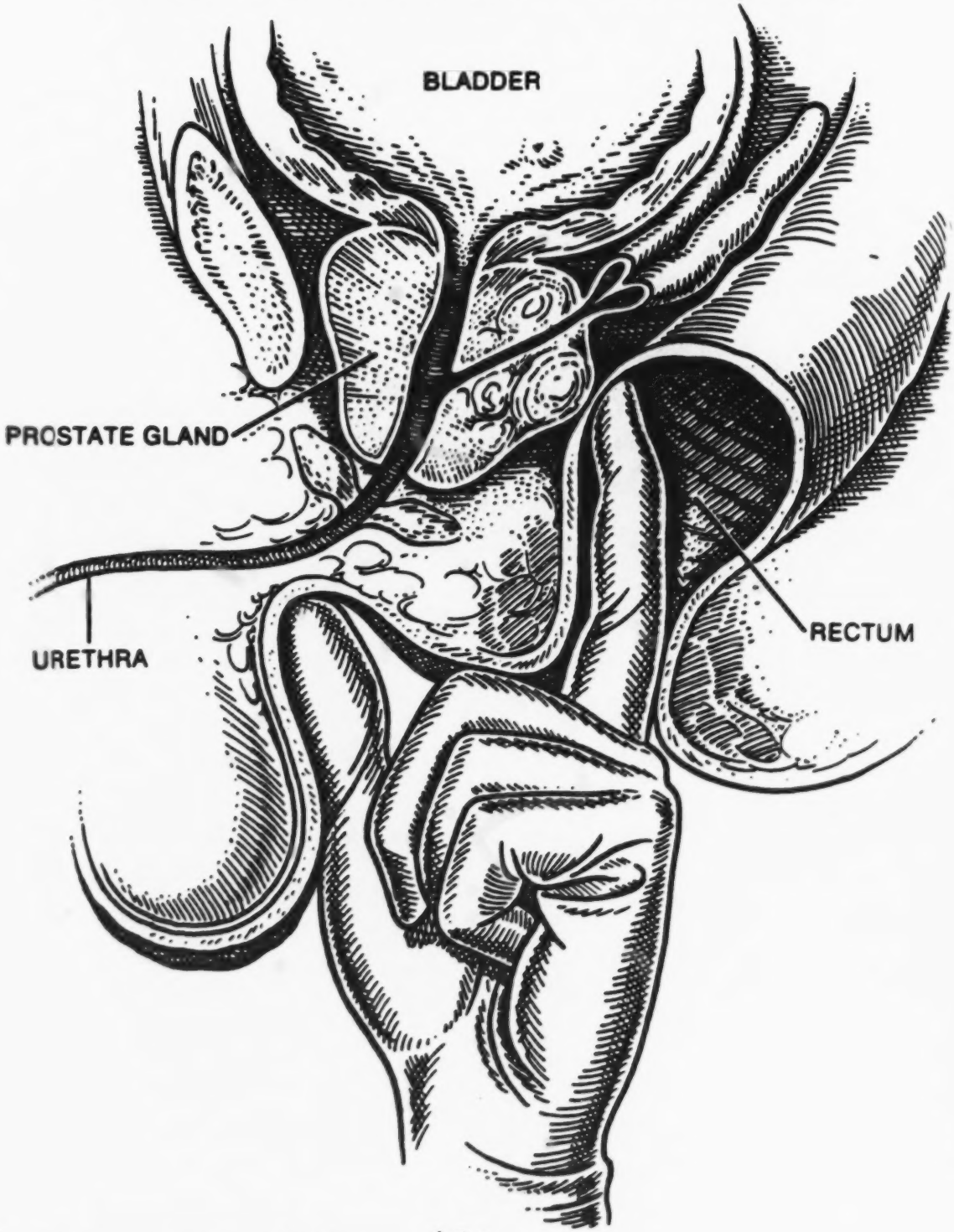
Rectal Examination of the Prostate



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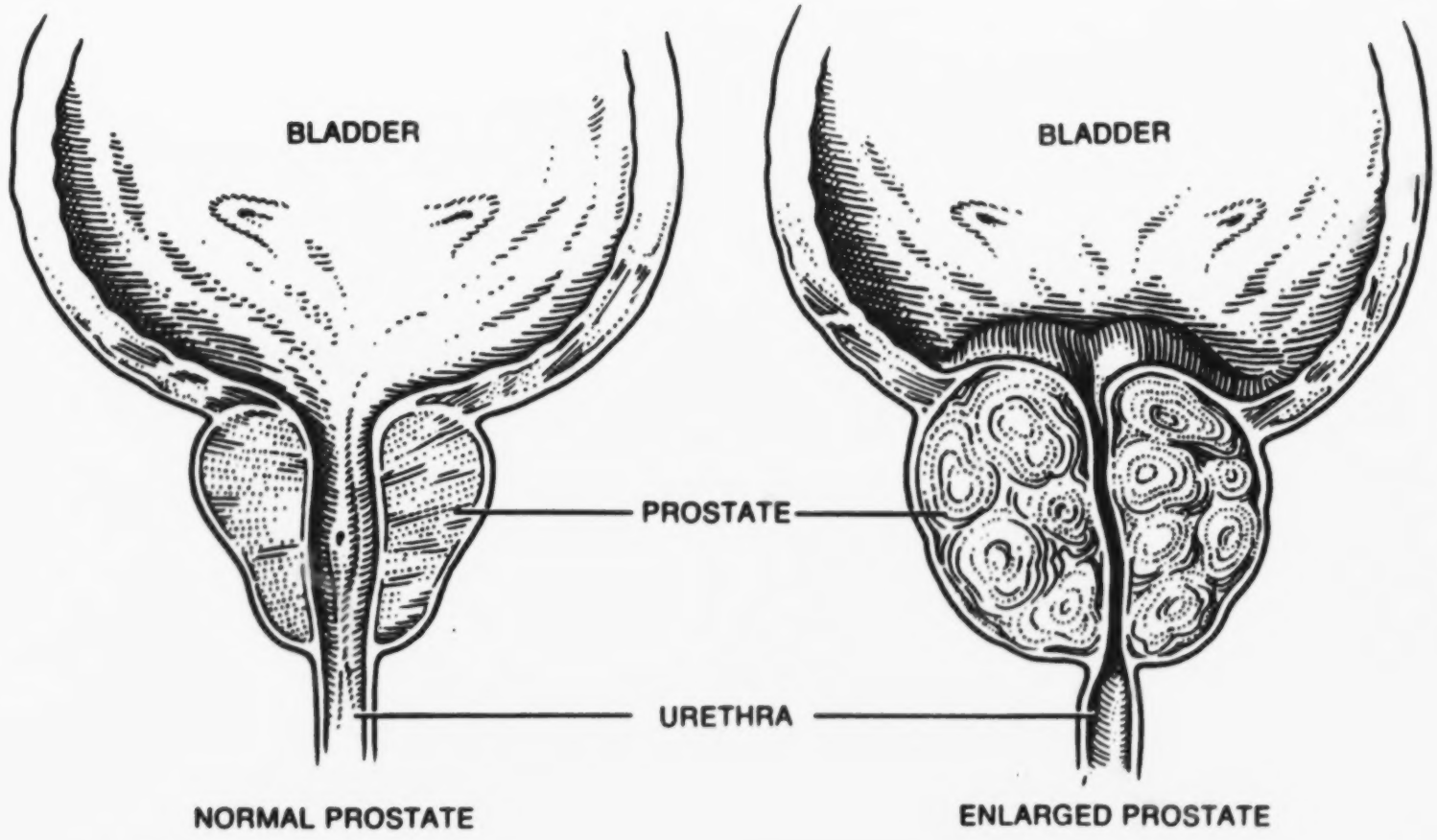
Prostatic Hypertrophy



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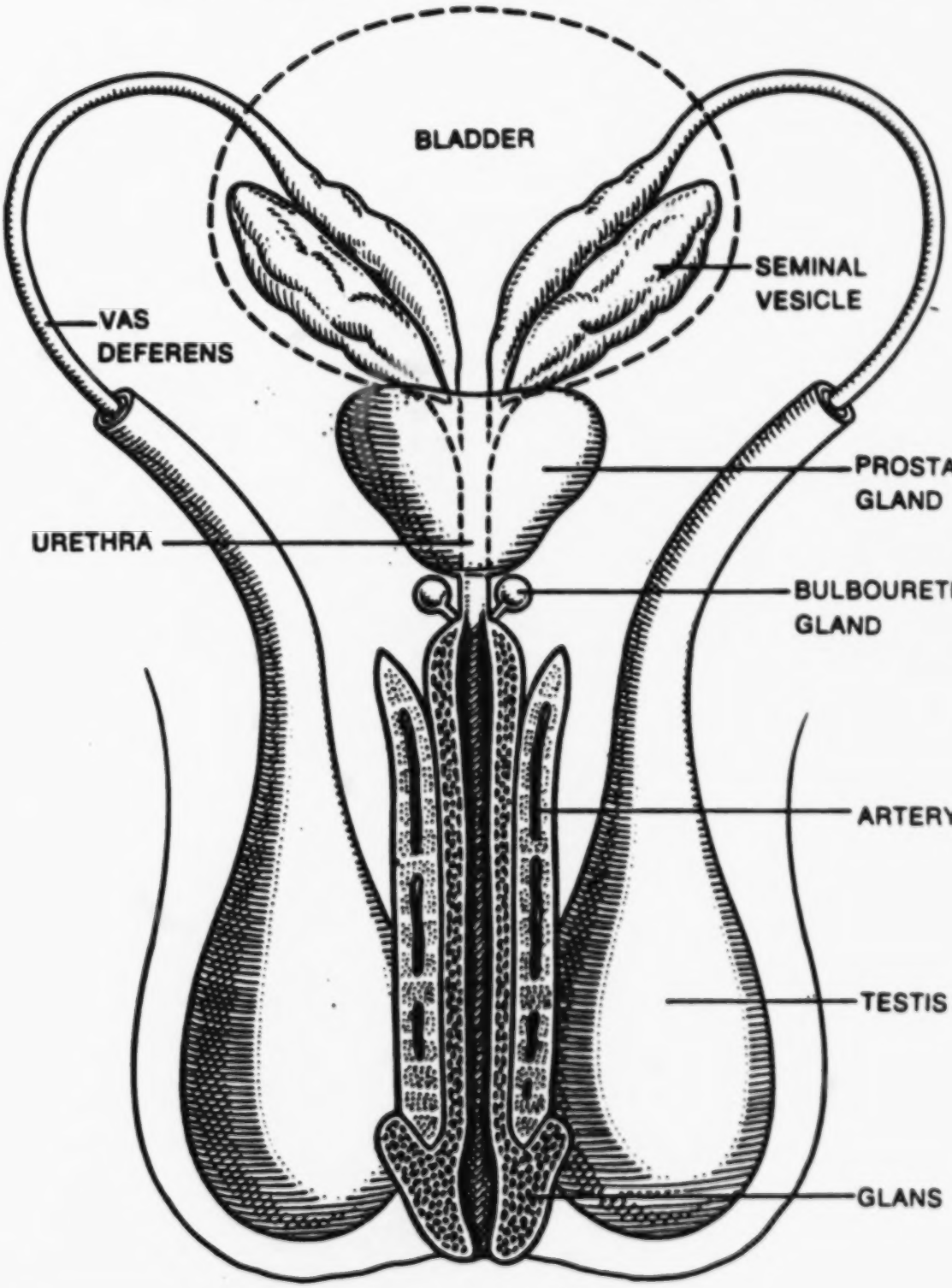
Bulbourethral Glands and Penis



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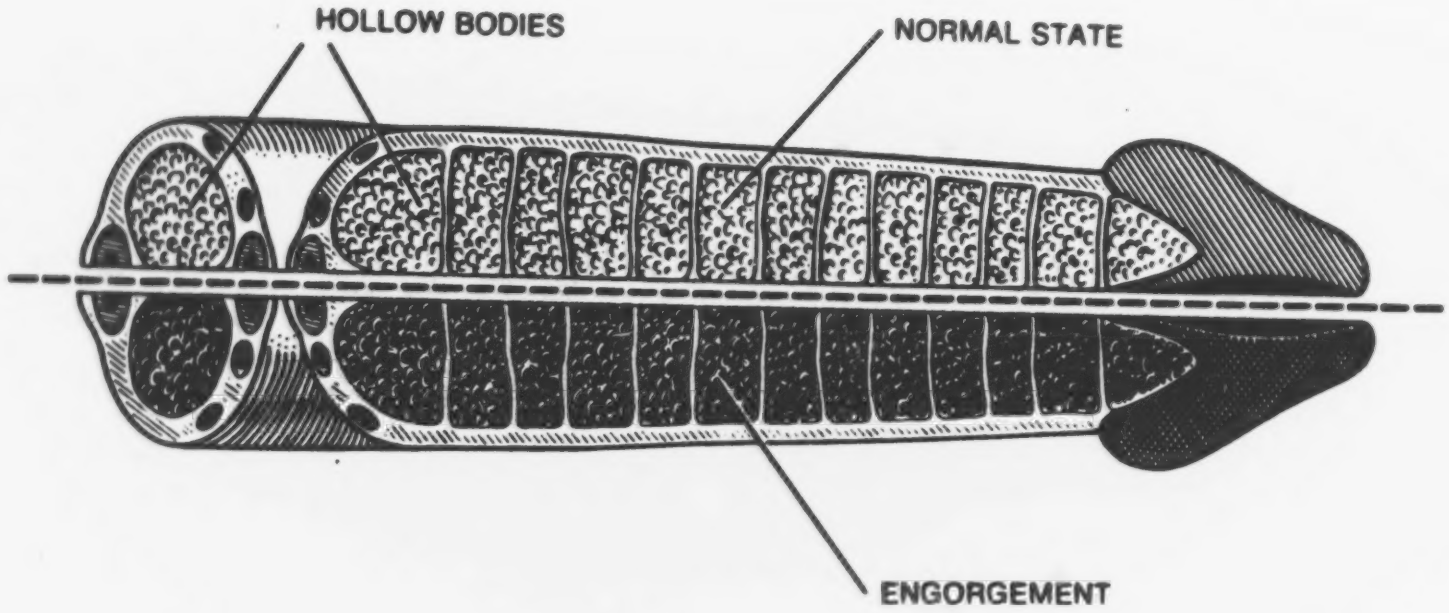
Erectile Tissue



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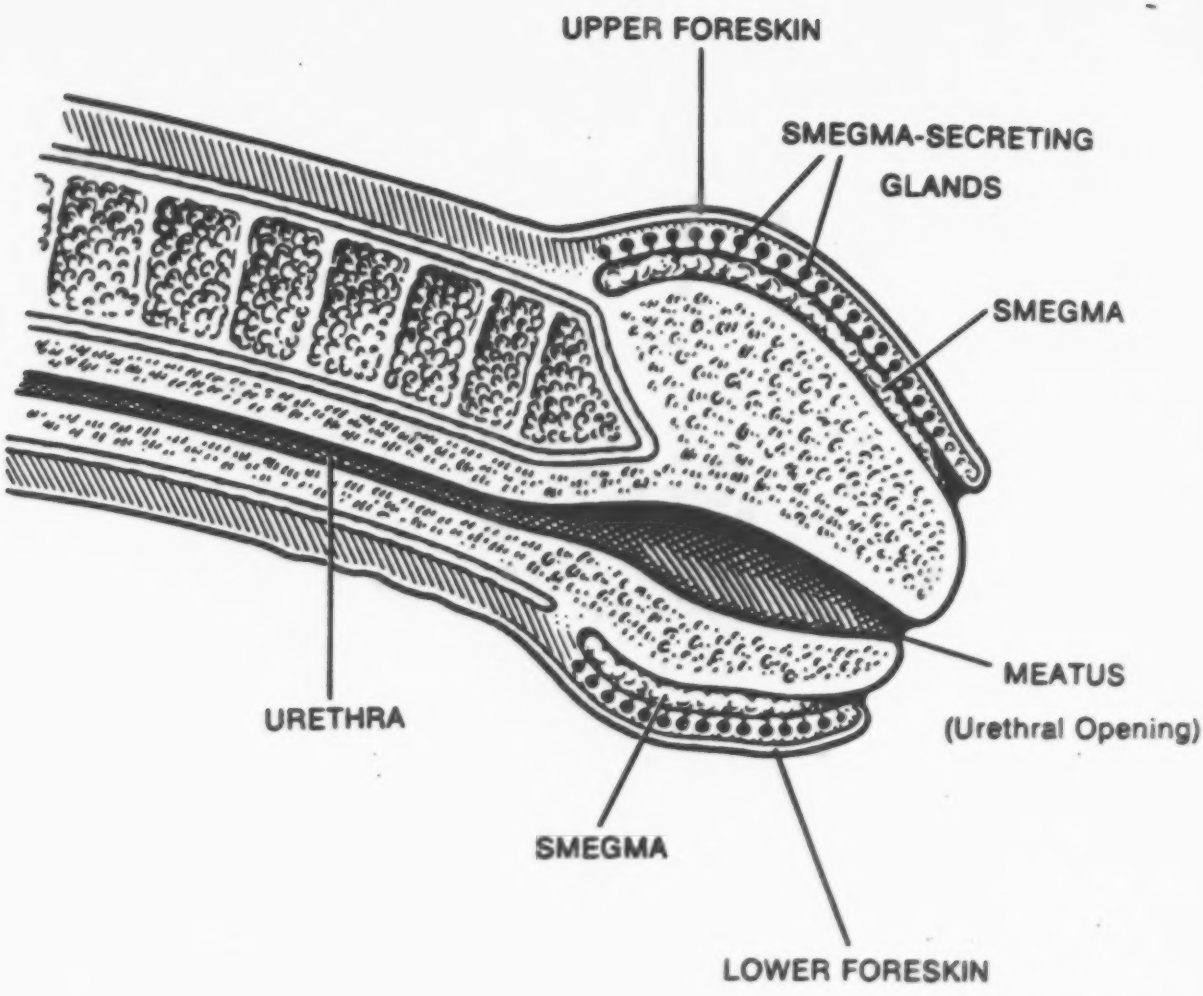
Smegma Secretion



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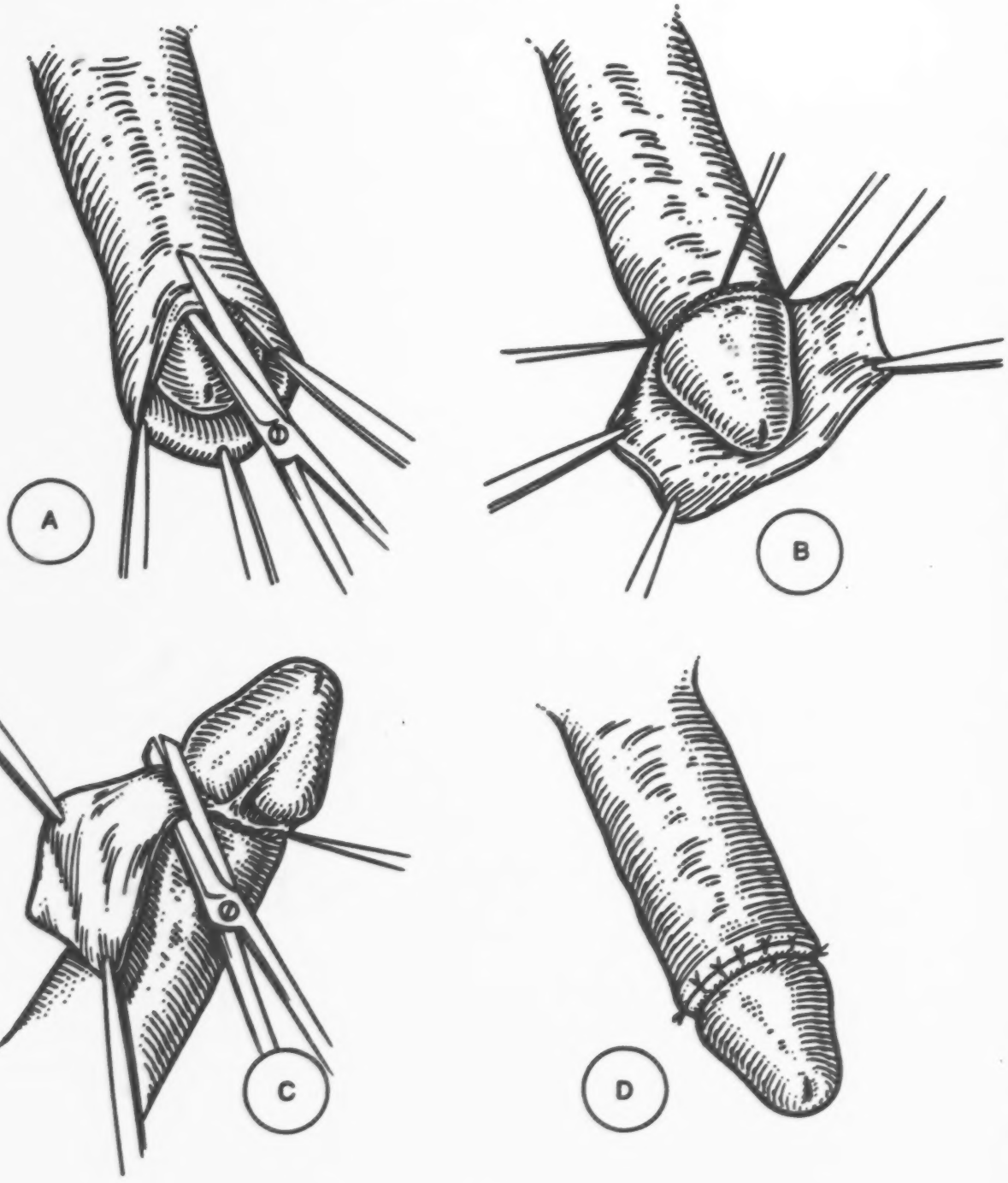
Circumcision



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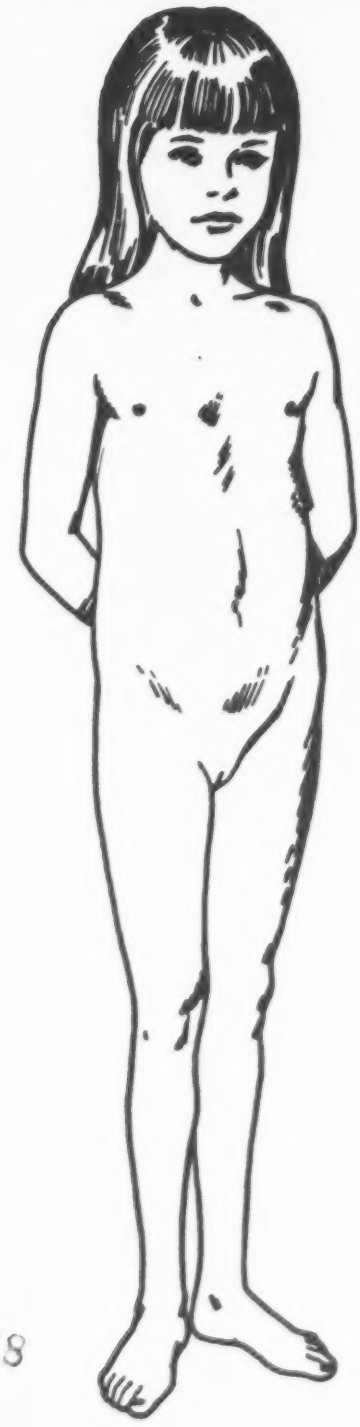
Female Child



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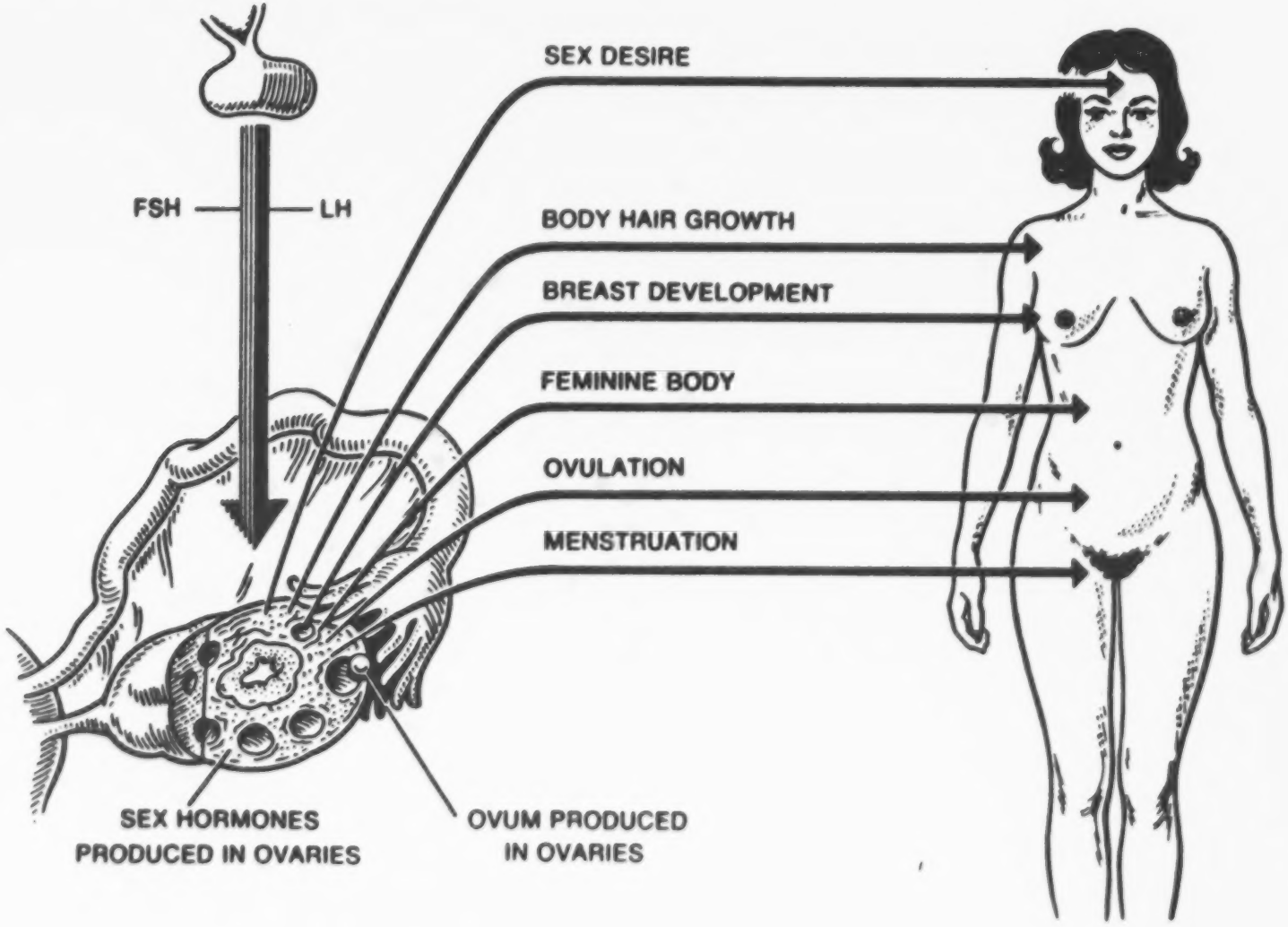
Female Secondary Sex Characteristics



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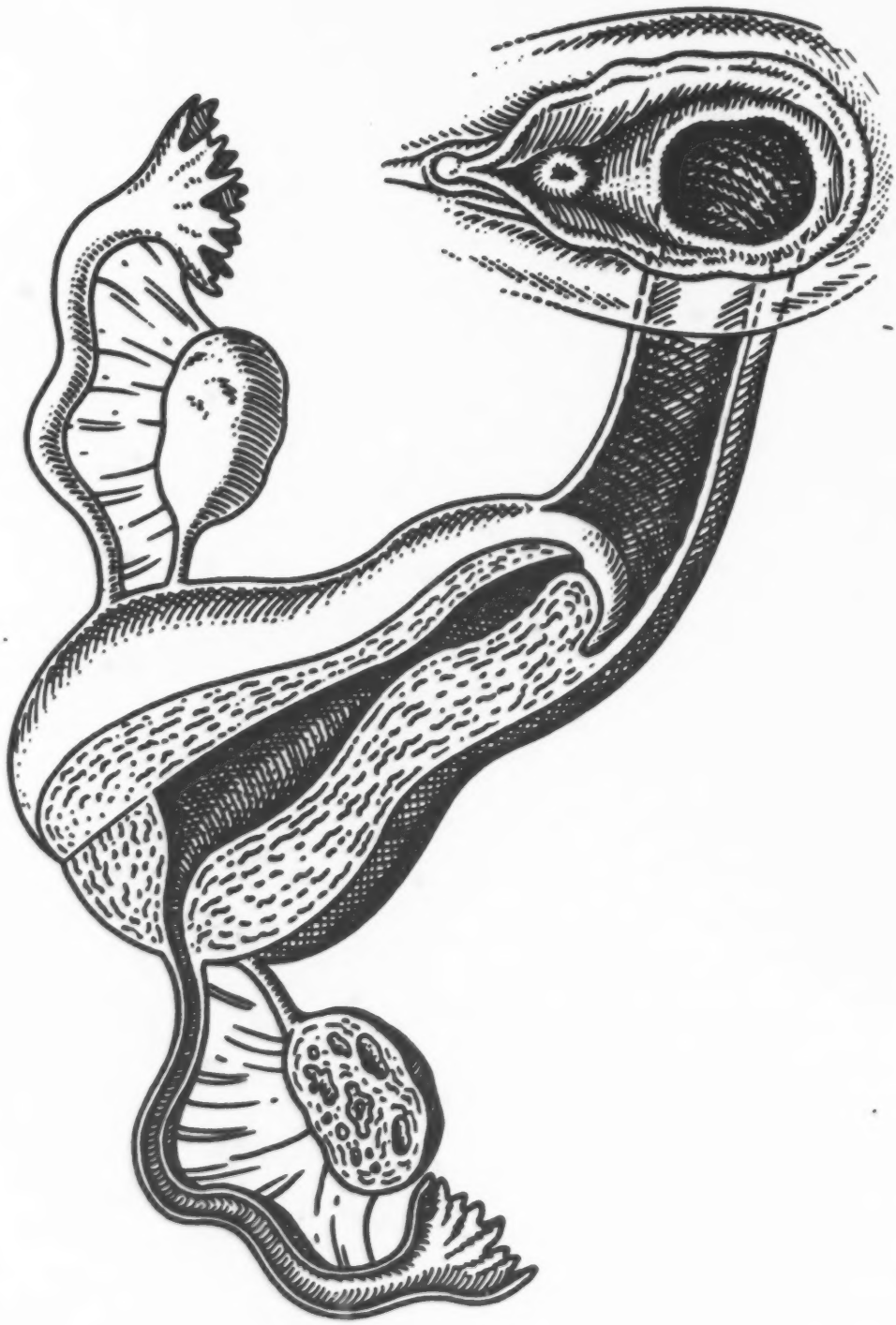
The Female Reproductive System



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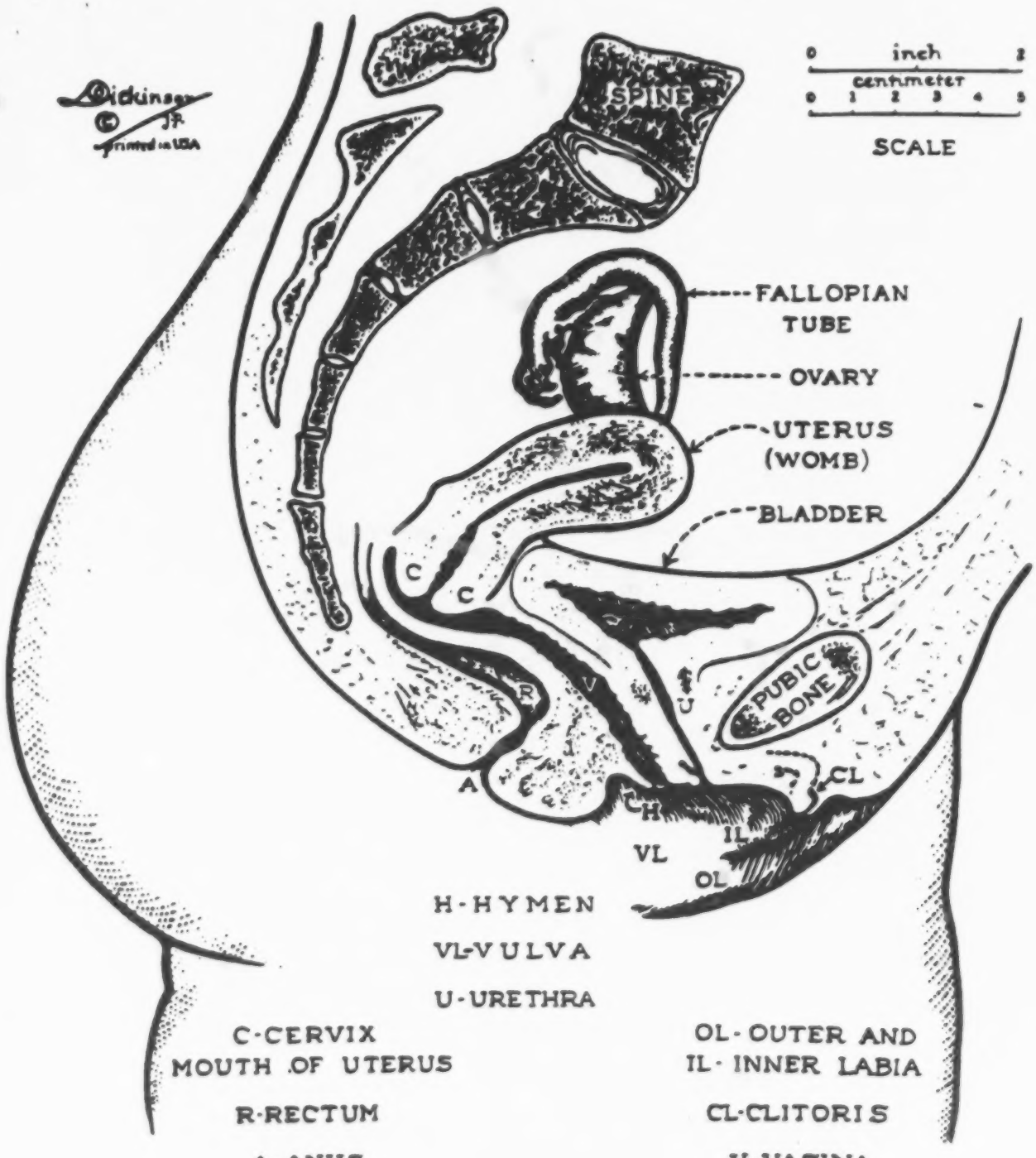

H-HYMEN

VL-VULVA

U-URETHRA

C-CERVIX
MOUTH OF UTERUS

R-RECTUM

A-ANUS

OL-OUTER AND
IL-INNER LABIA

CL-CLITORIS

V-VAGINA

STANDING

FEMALE PELVIC ORGANS

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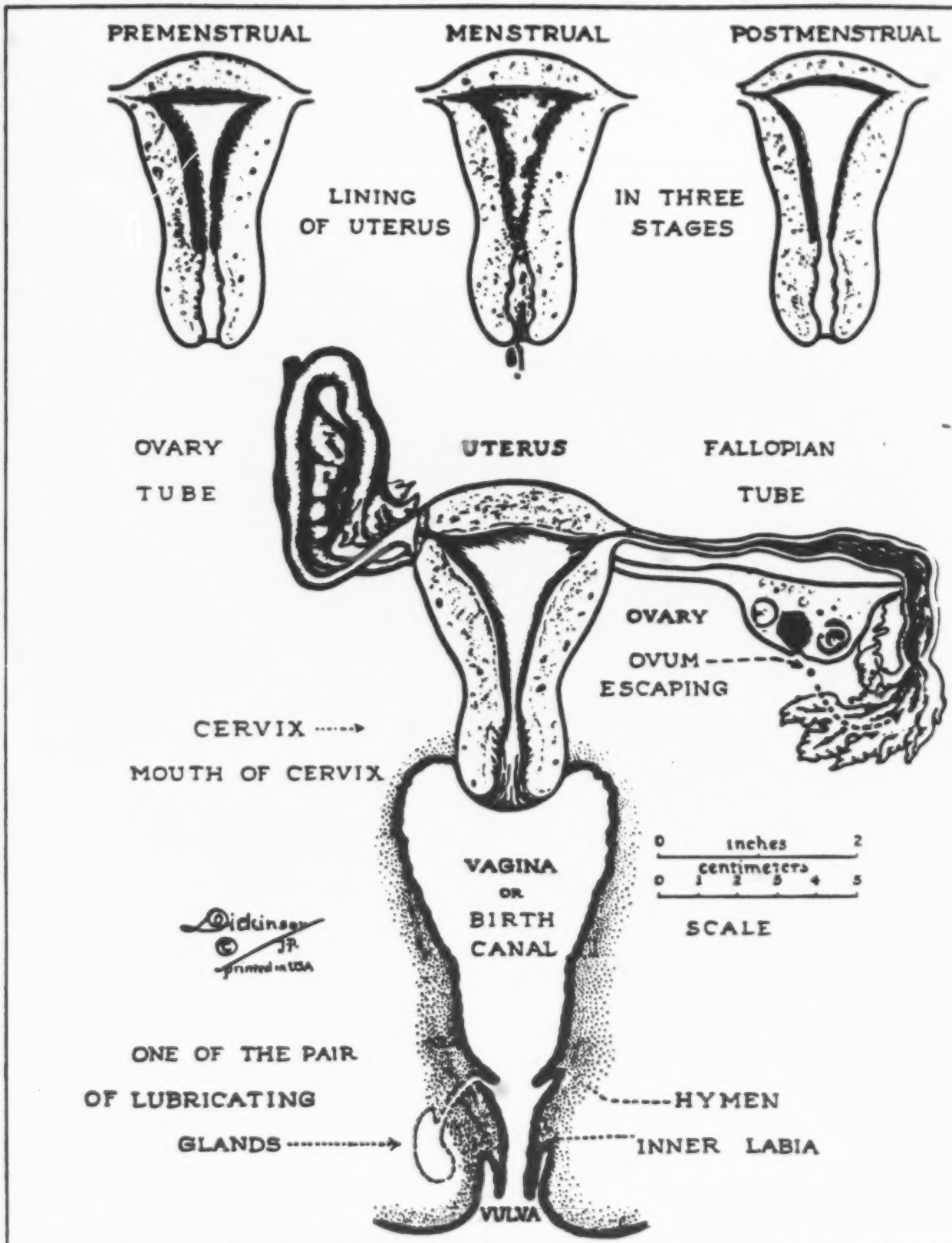

FEMALE REPRODUCTIVE ORGANS

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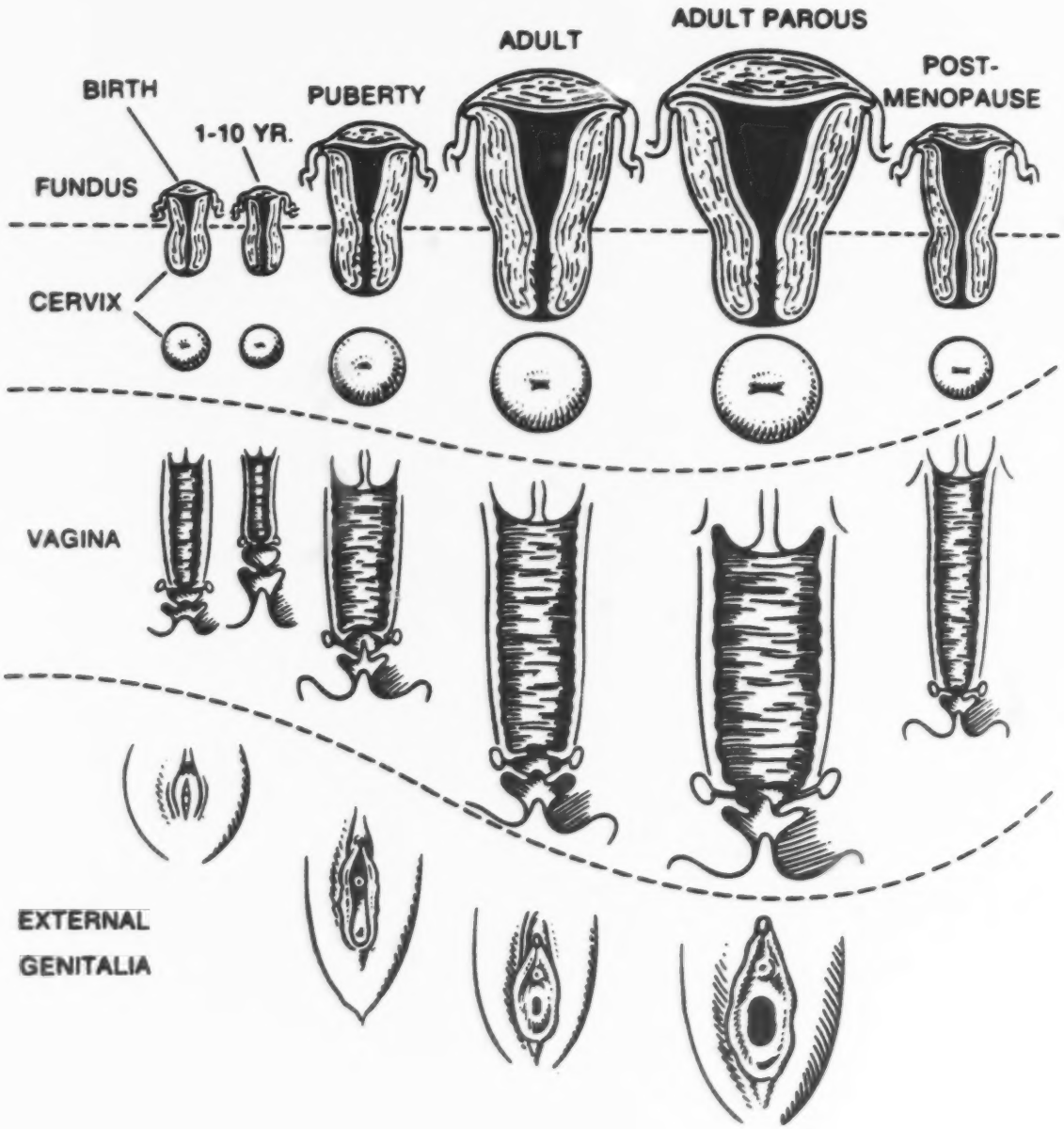
Growth of the Female Reproductive System



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Breast Development and Alteration

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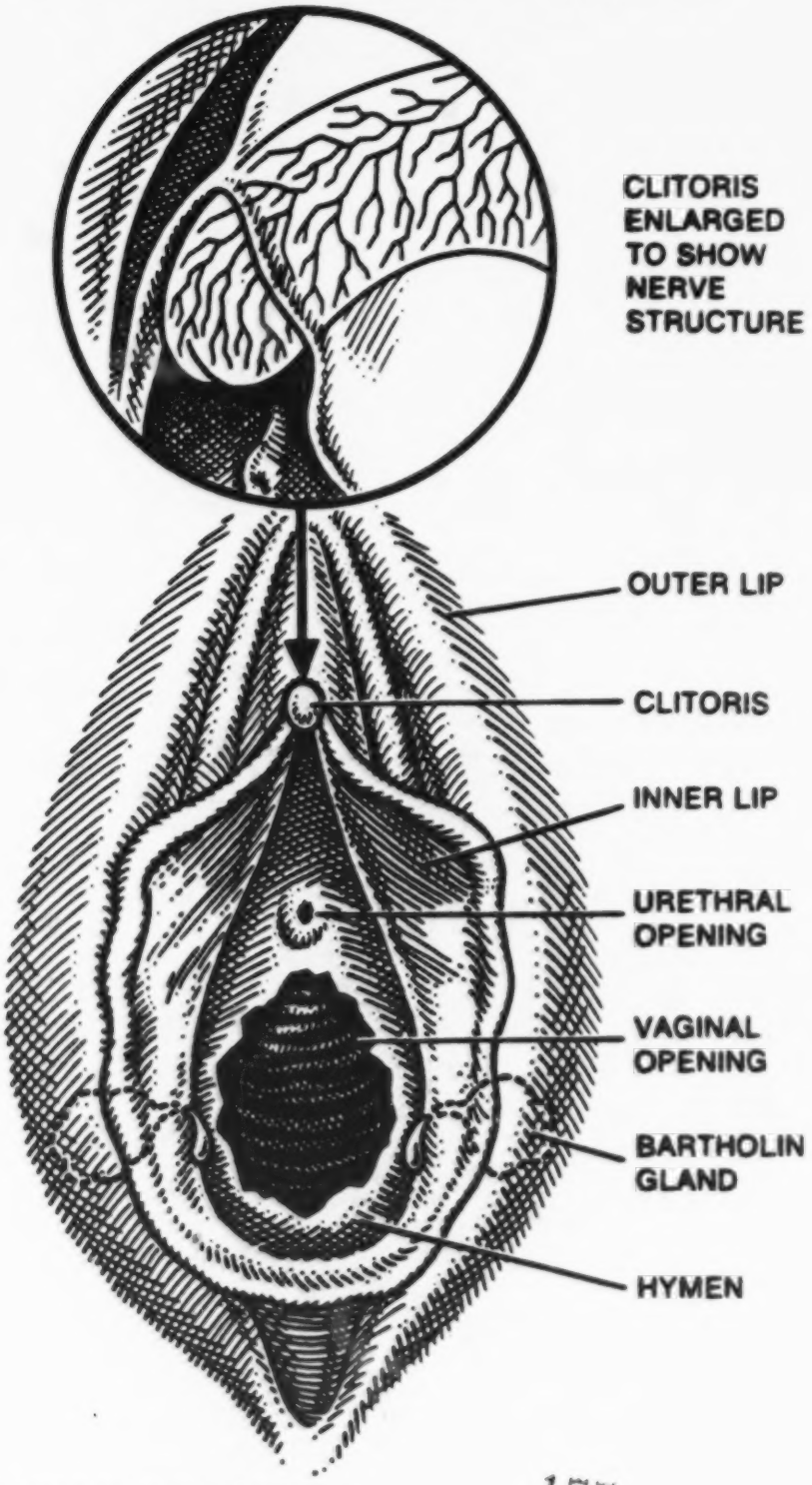
Female External Genitalia



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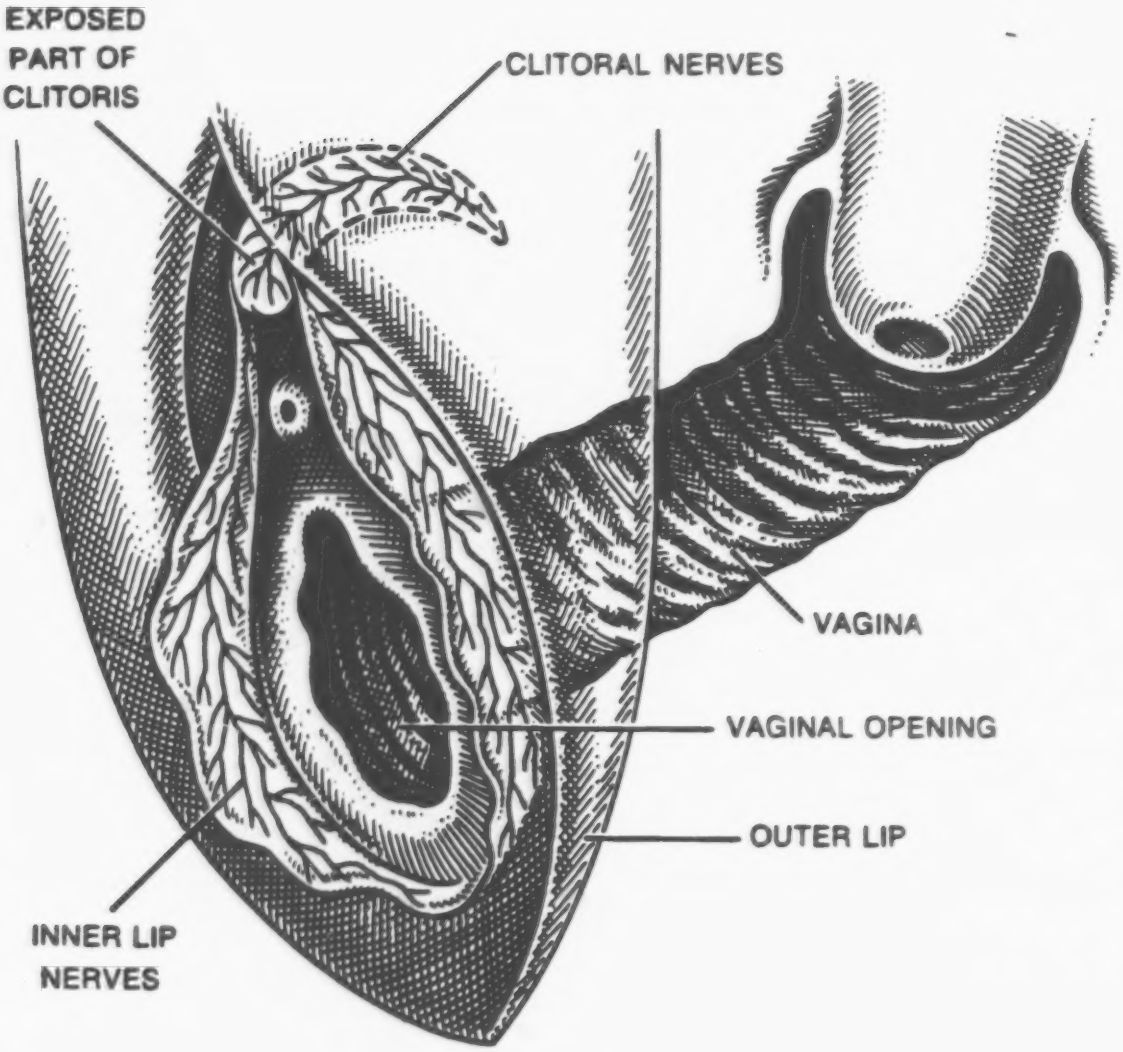
Nerve Endings Sensitive to Sexual Stimulation



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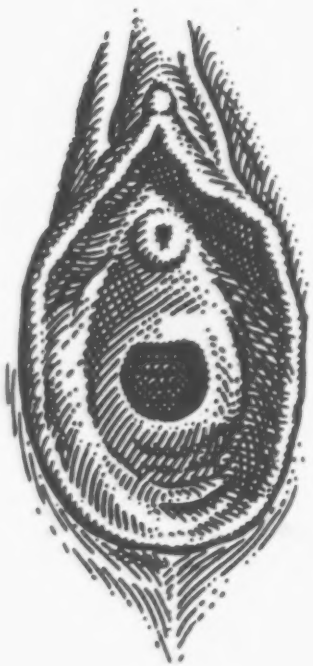
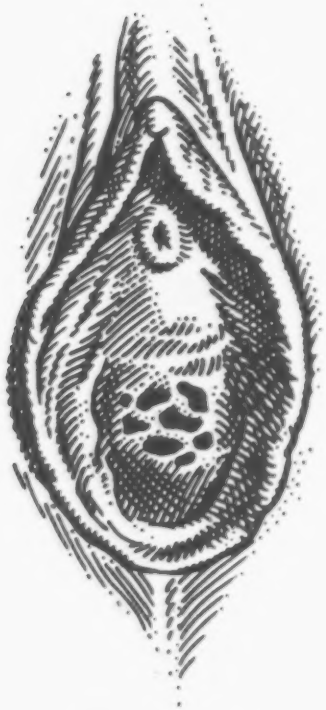
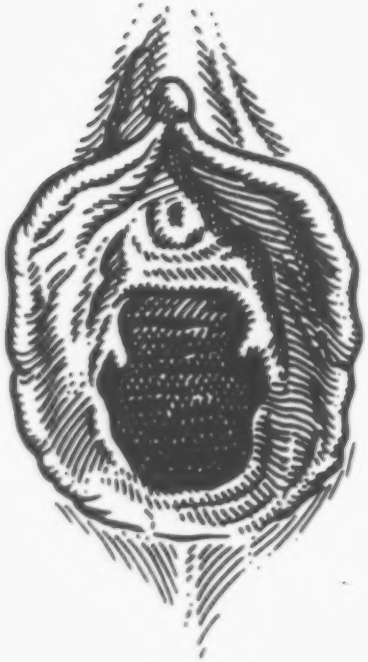
The Hymen



ANNULAR HYMEN



CRIBRIFORM HYMEN



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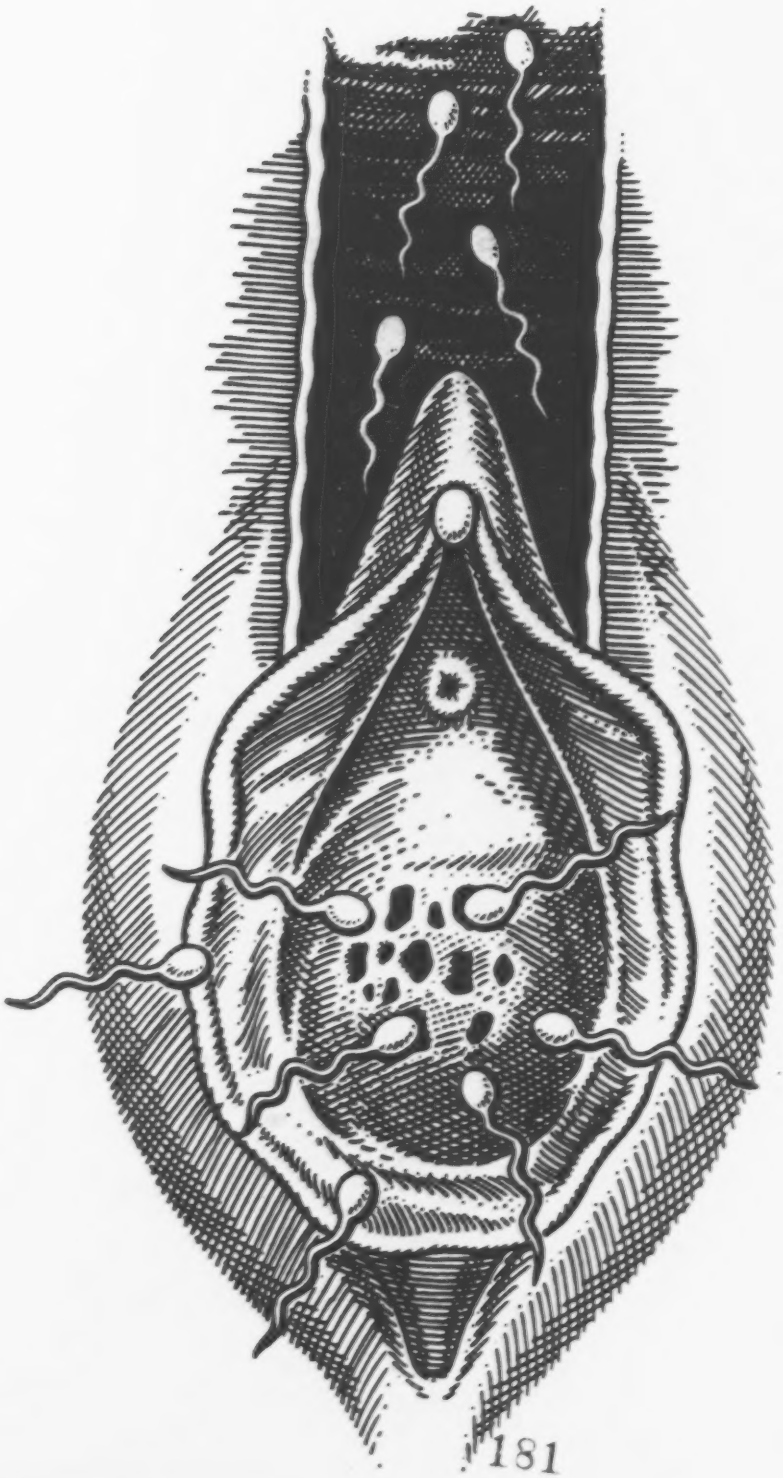
Virginal Pregnancy



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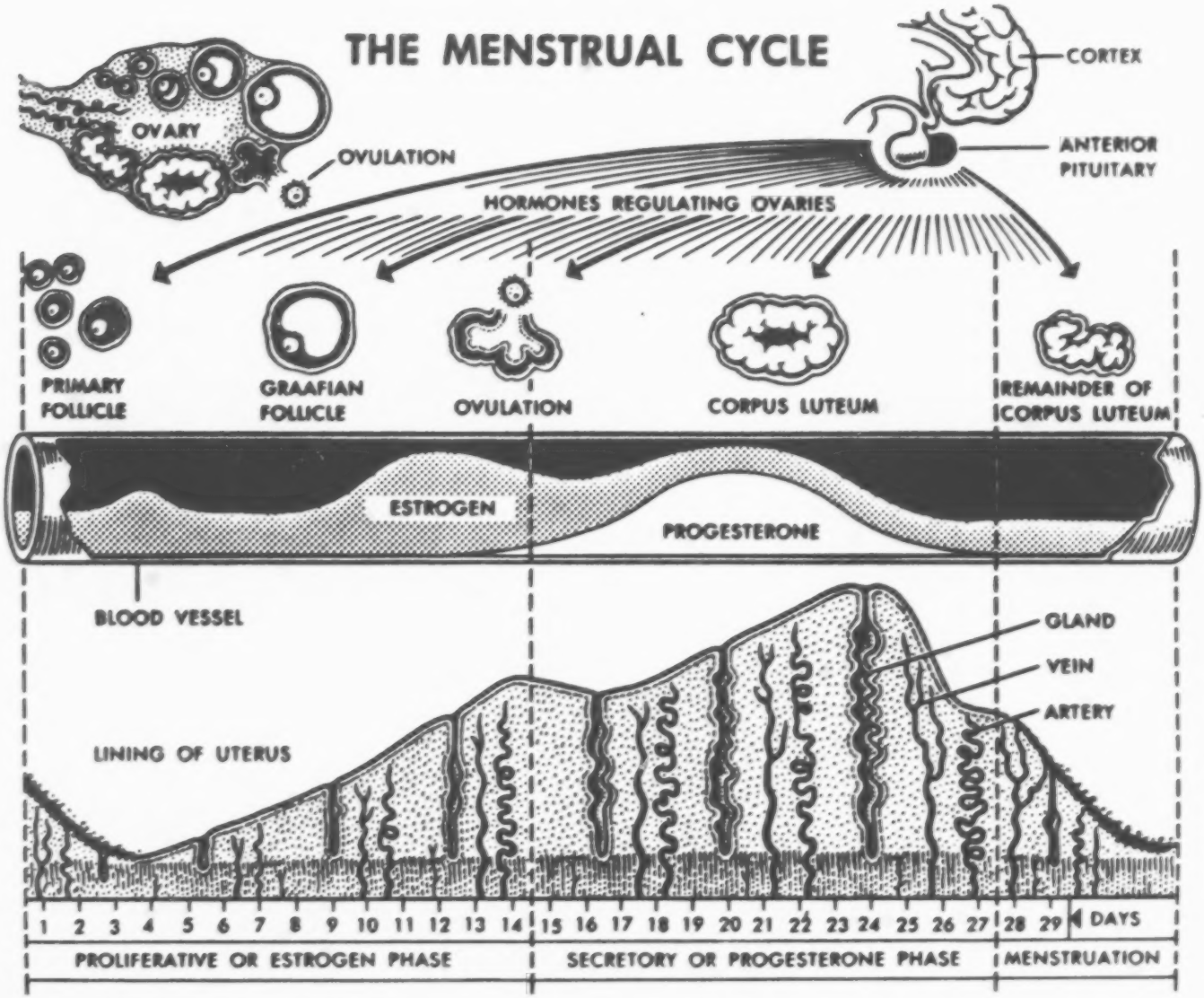

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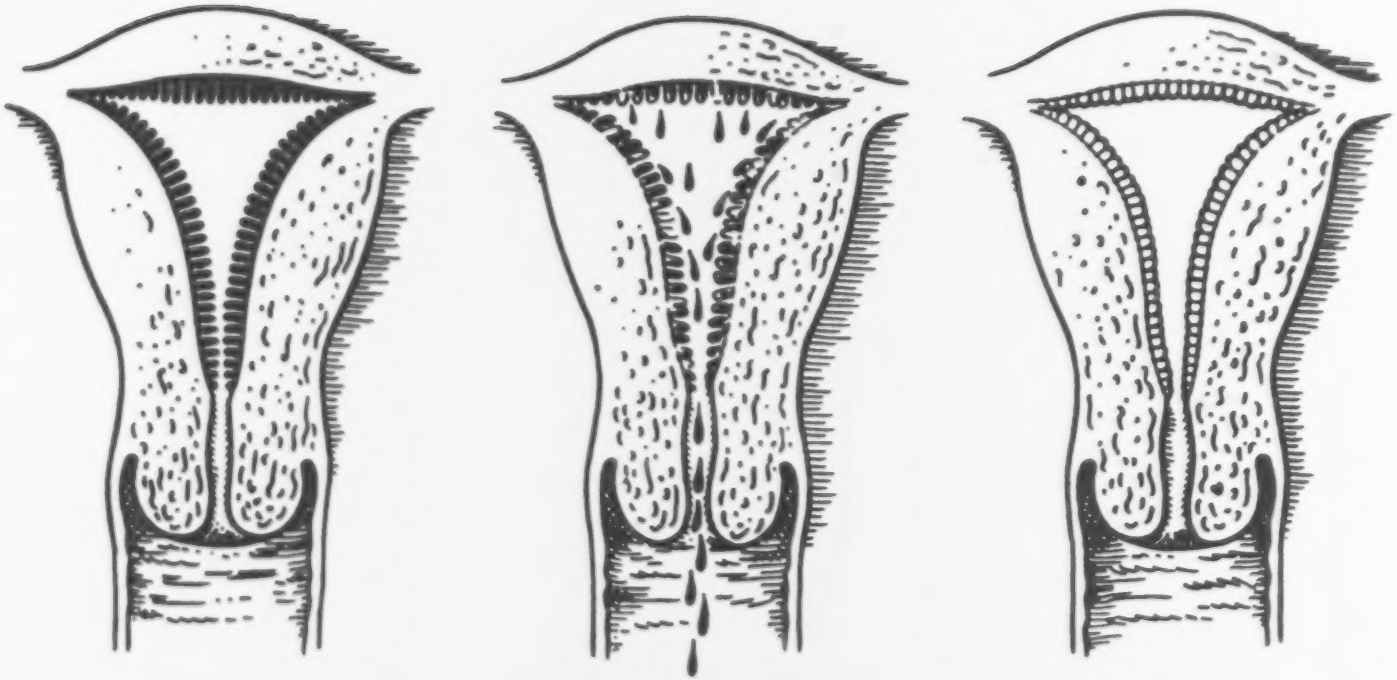
Lining of the Uterus in Three Stages



BEFORE MENSTRUATION

DURING MENSTRUATION

AFTER MENSTRUATION

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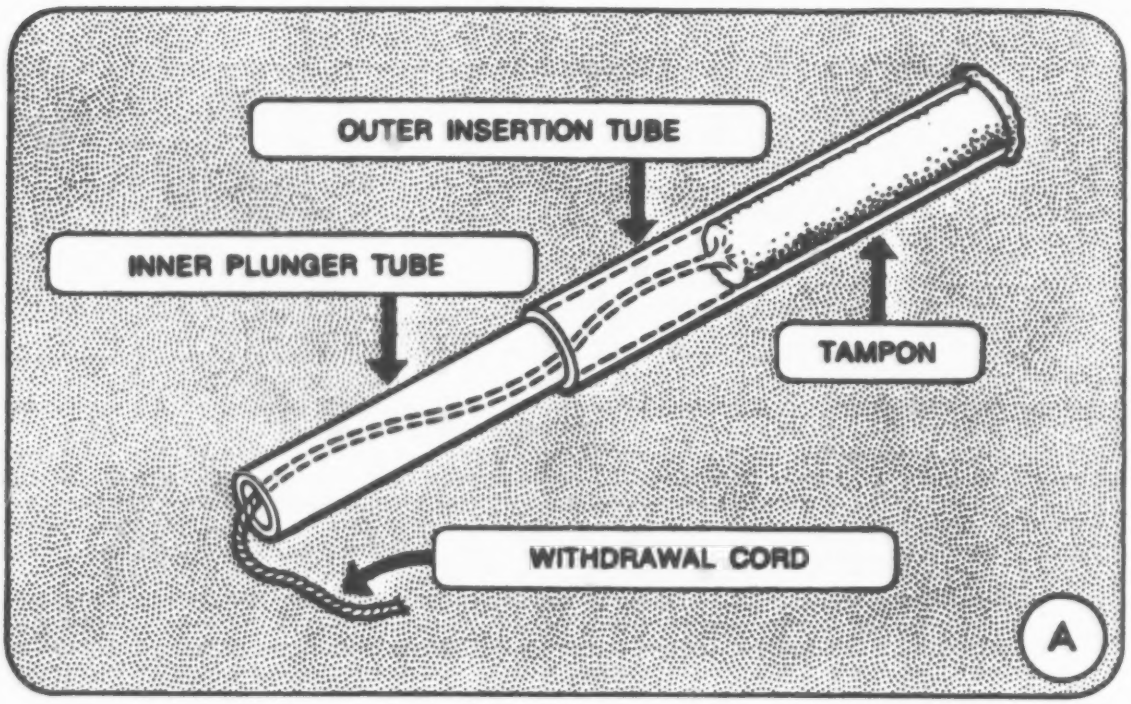
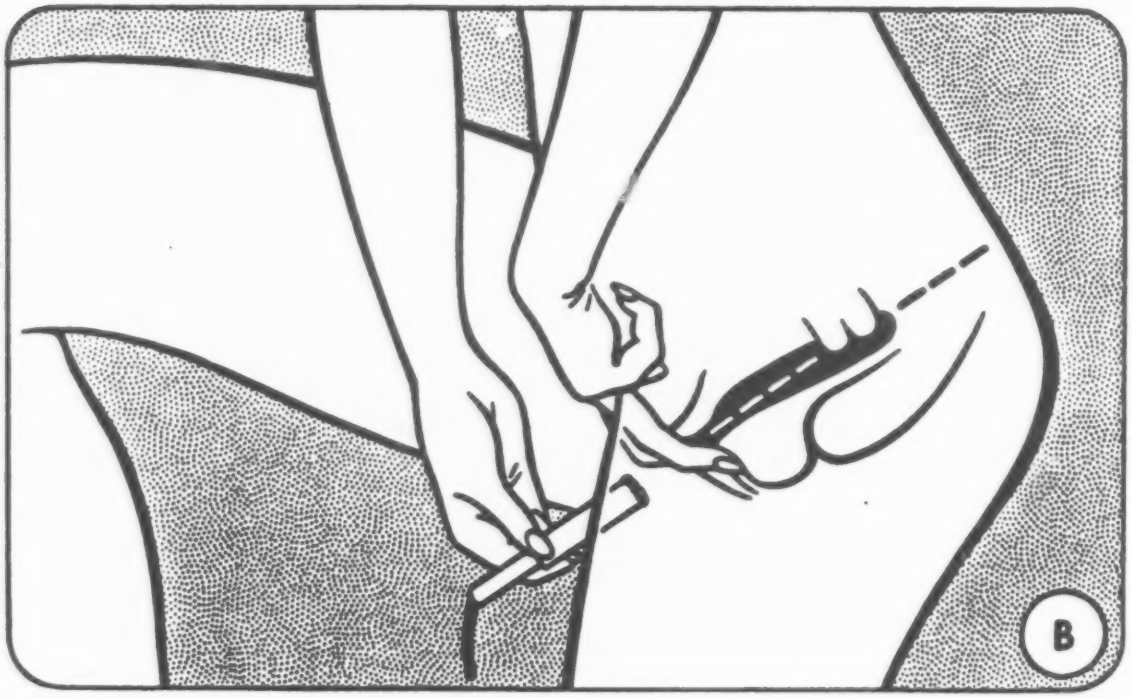
Inserting the Tampon





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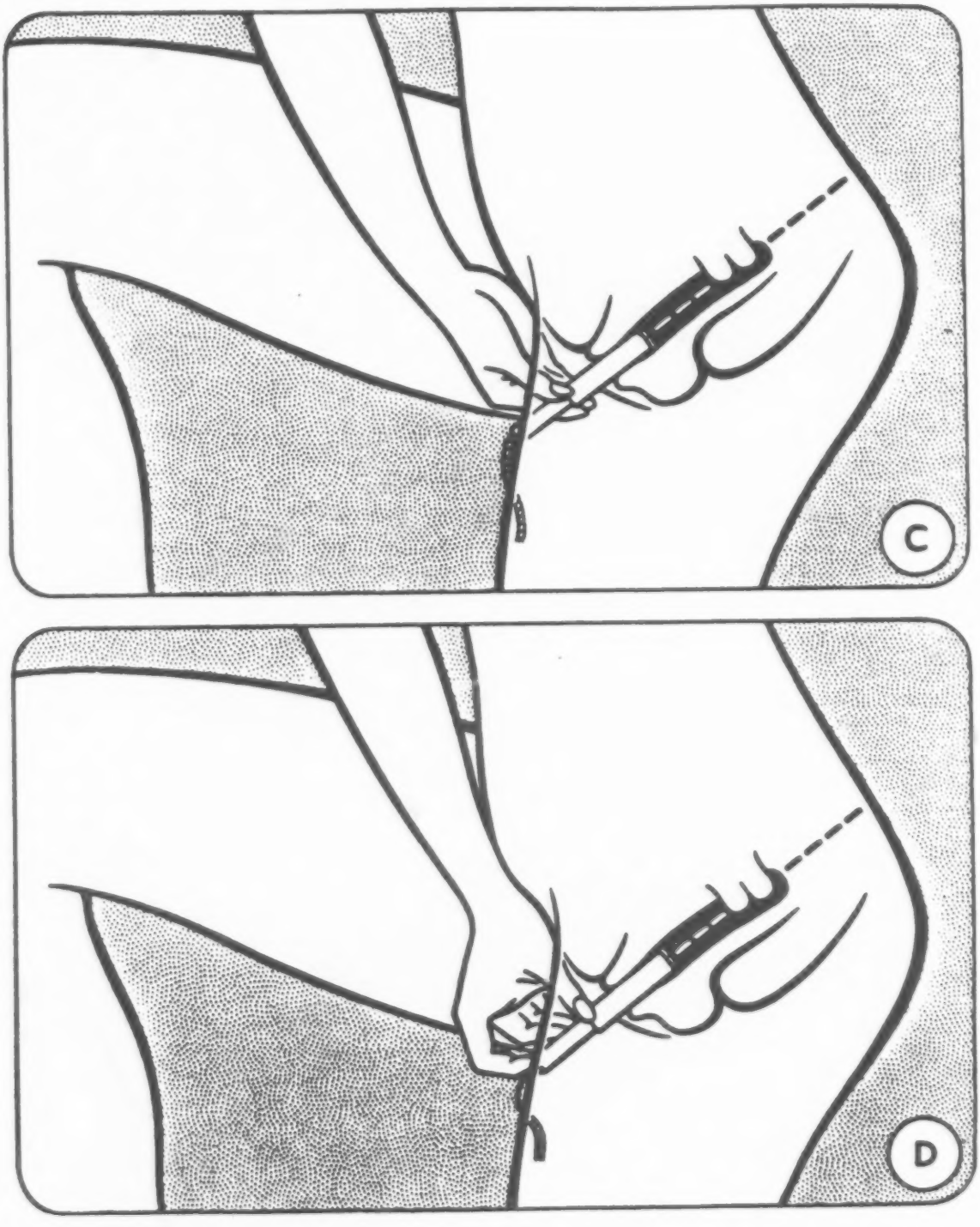

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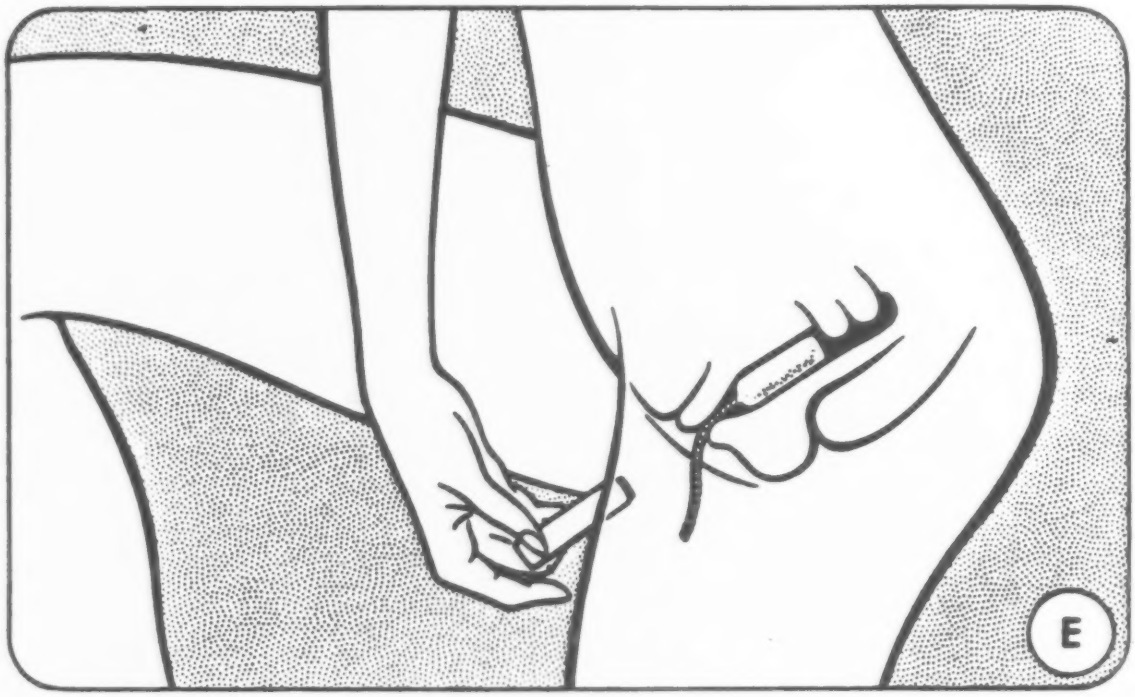

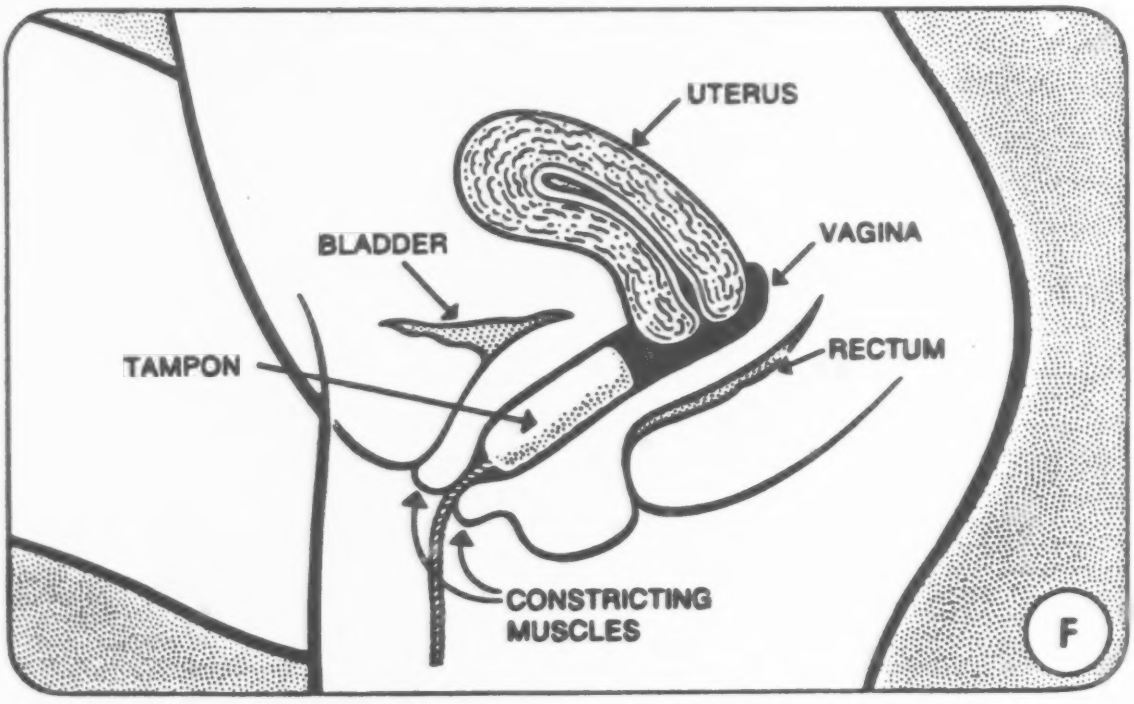

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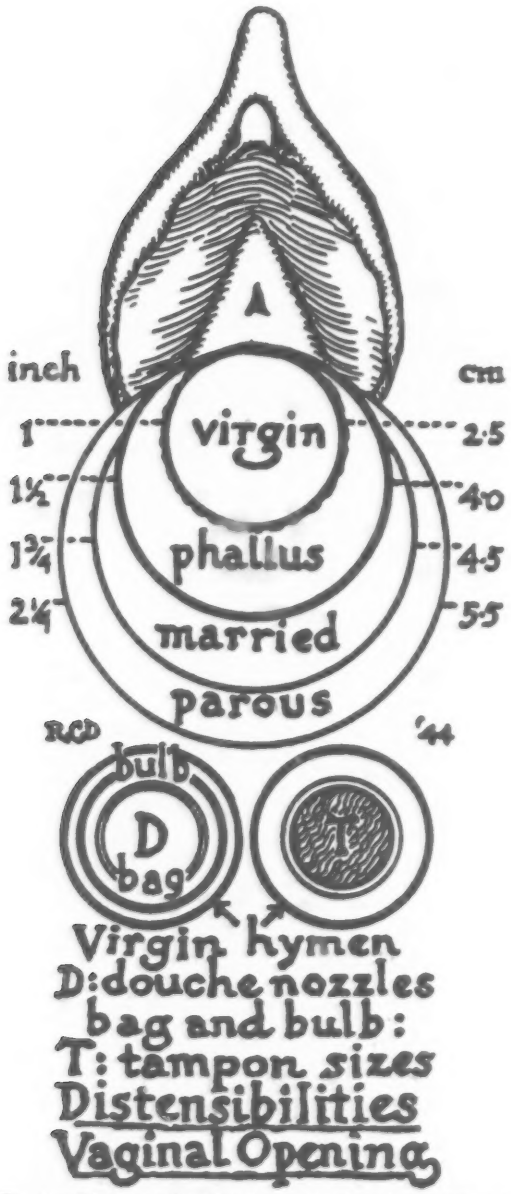

Fig. 4.—Caliber of distended hymen in virginal, married and parous women, in relation to tampon and douche tube diameters. Drawings actual size.

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The Journal of the American Medical Association, June 16, 1945

Vol. 128, pp. 490-494

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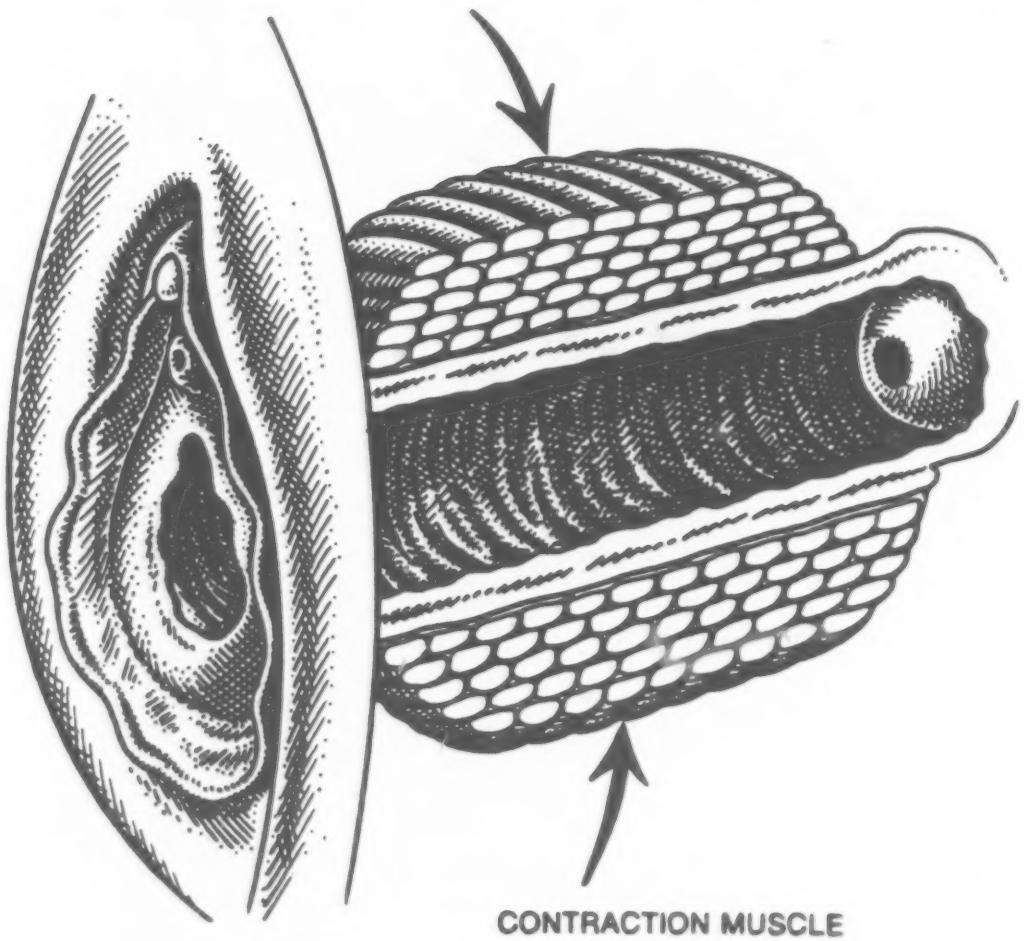
Vaginal Muscles



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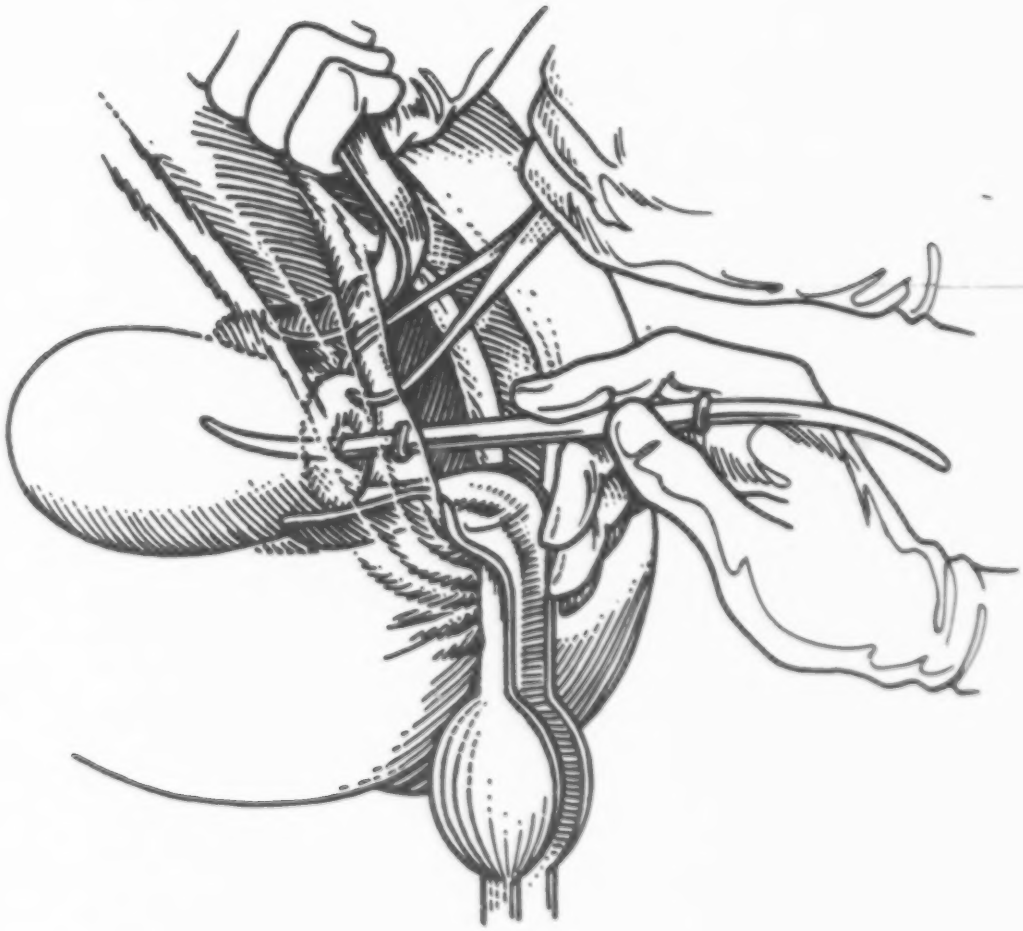

Dilatation of Cervix

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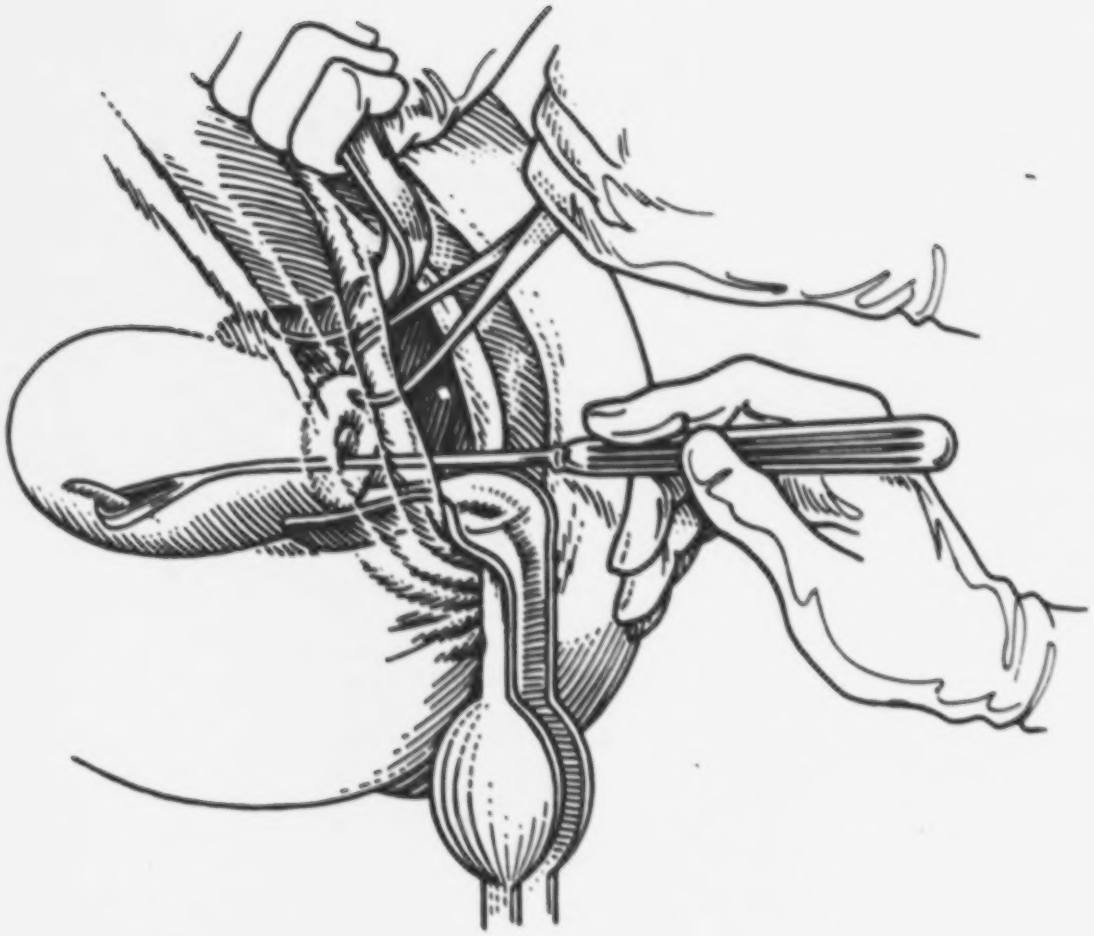

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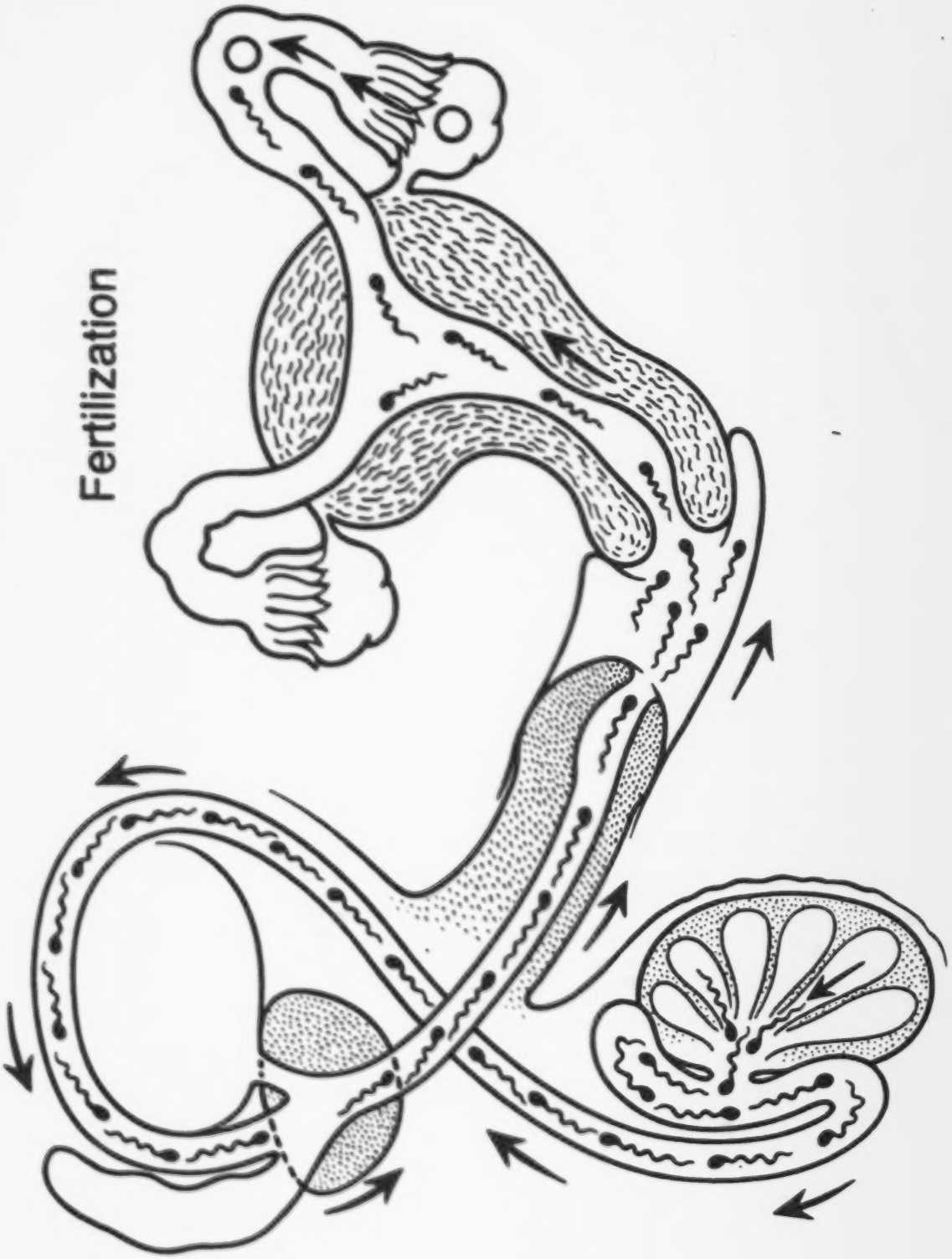

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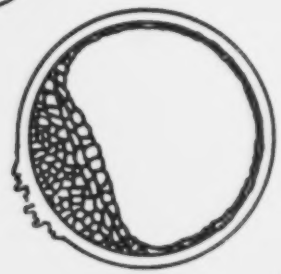

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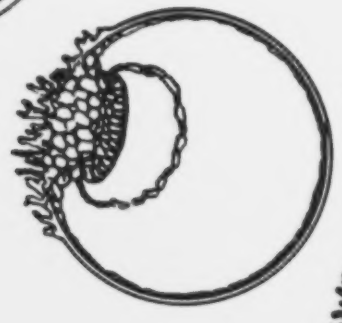
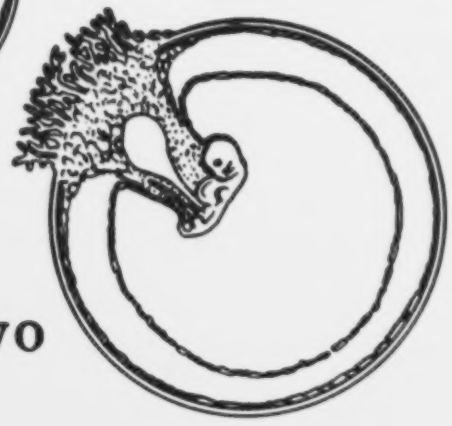


trophoblast



embryo

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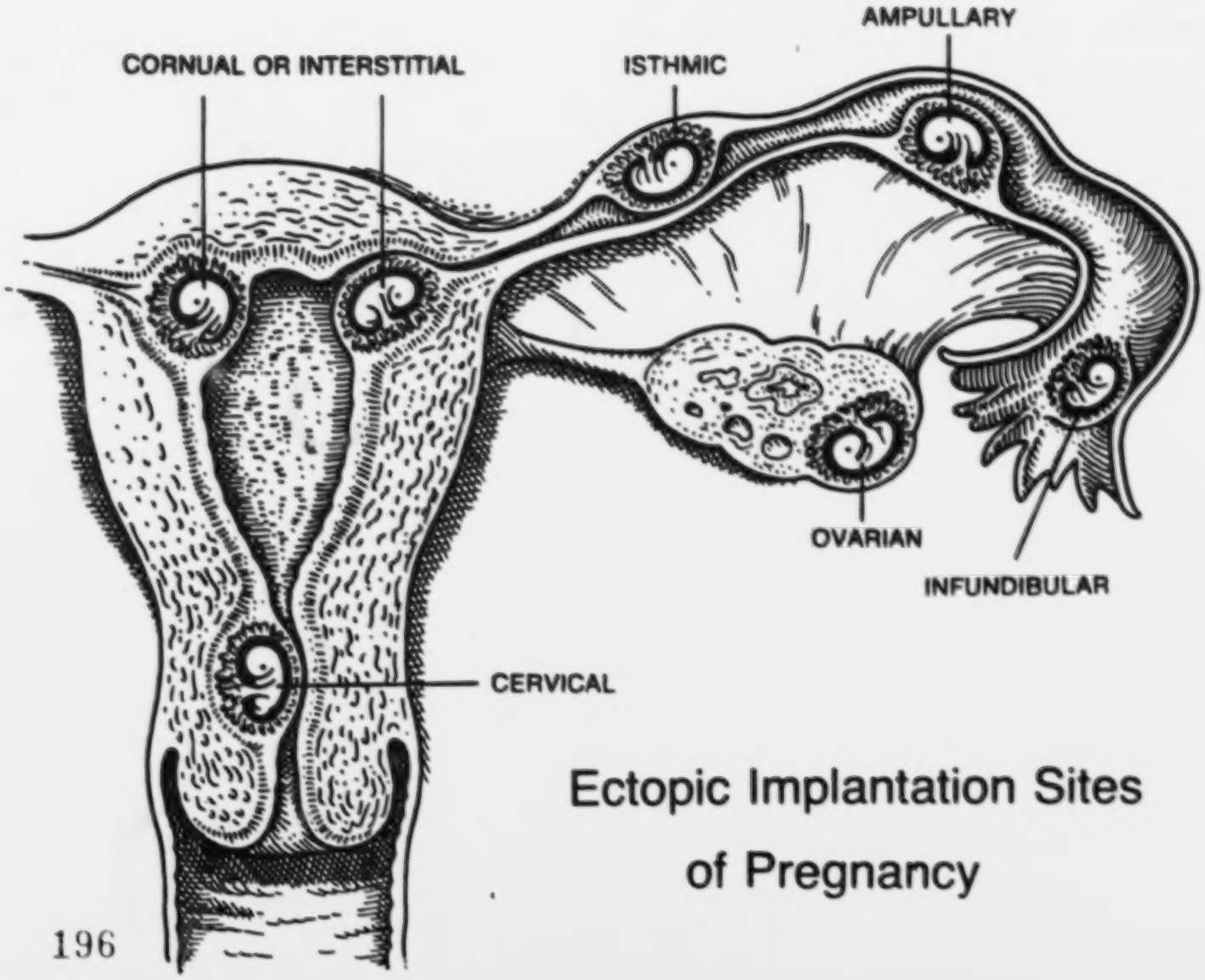

Ectopic Implantation Sites of Pregnancy

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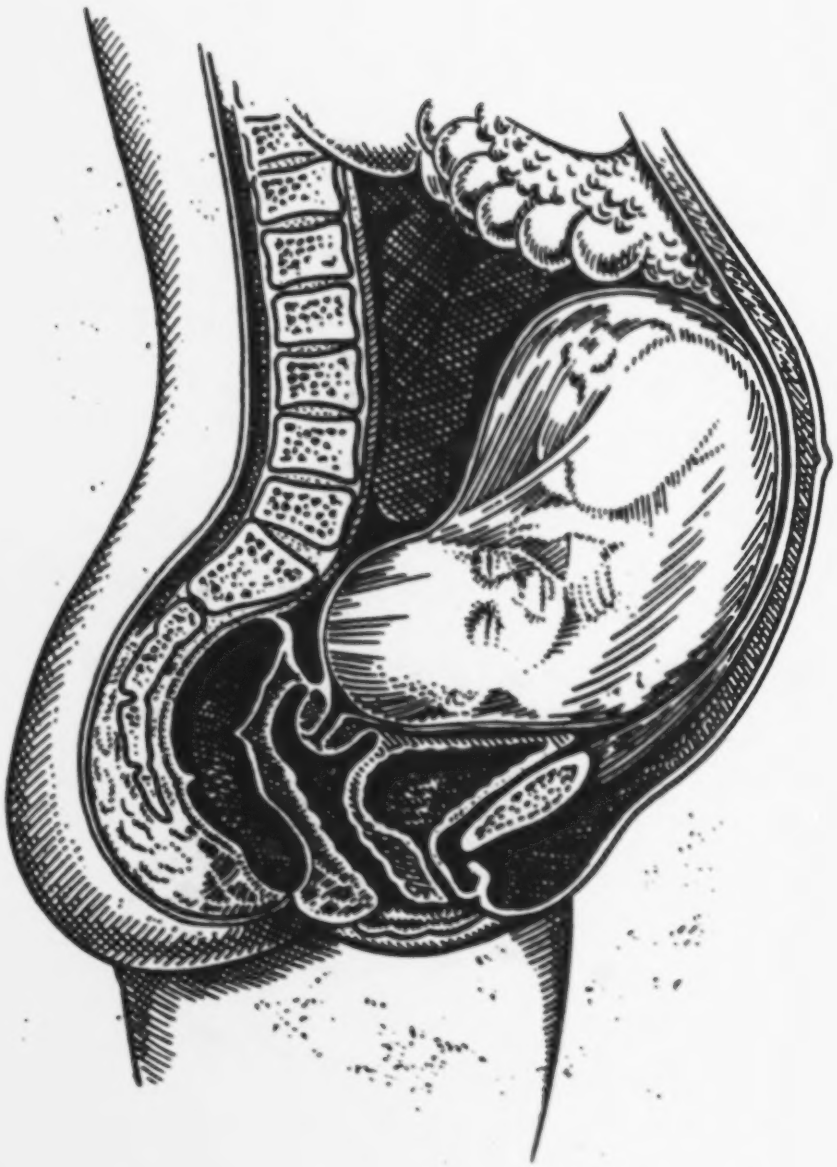
Amniotic Sac



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Childbirth Sequence I

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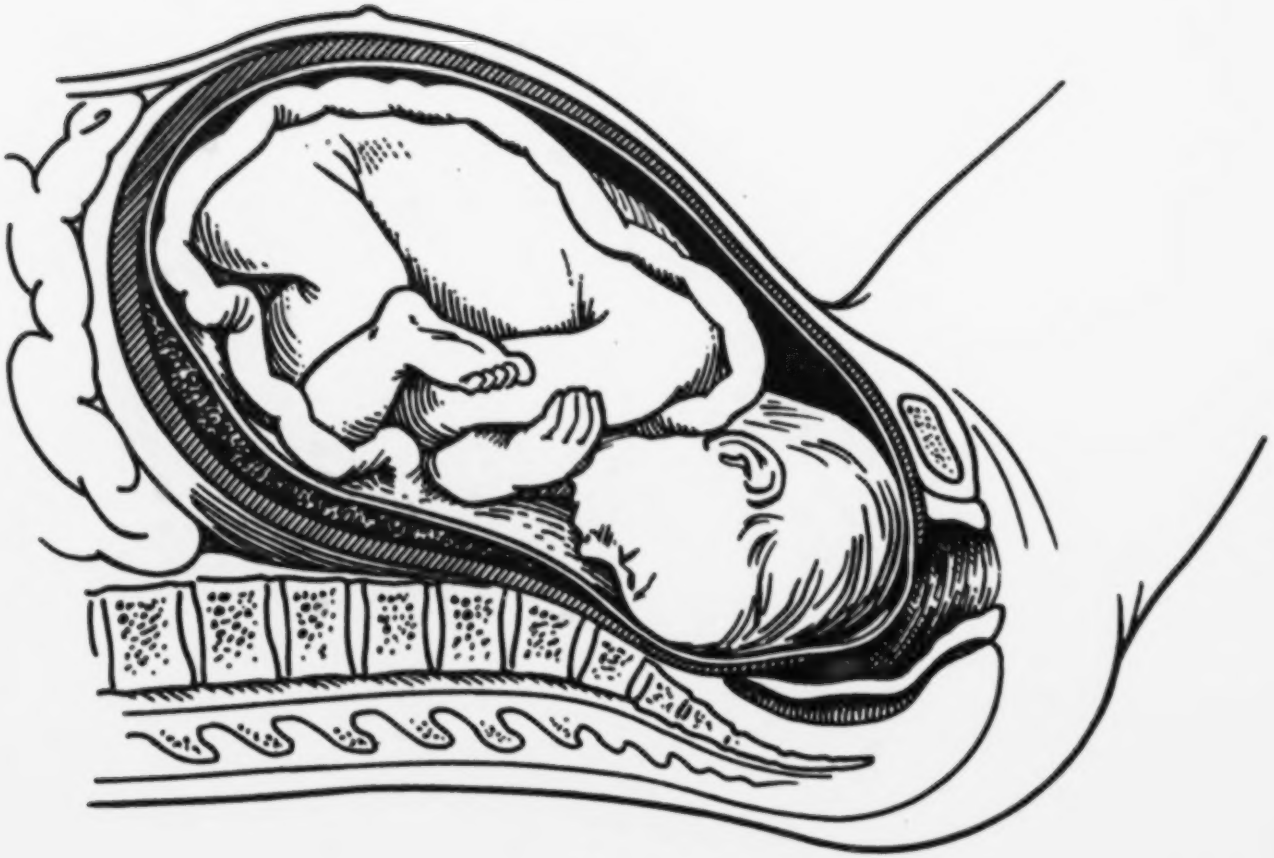
Childbirth Sequence II



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Childbirth Sequence III

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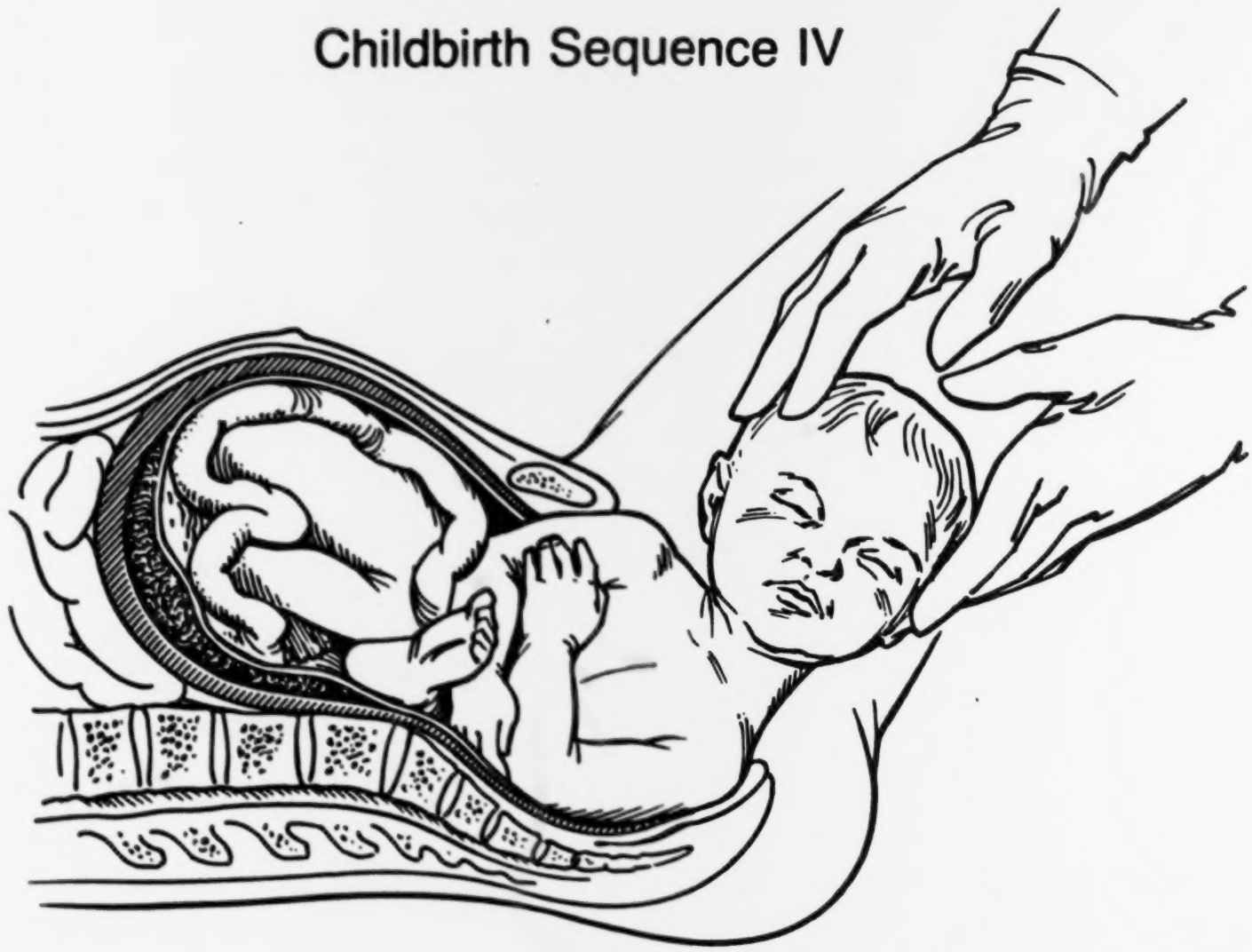
Childbirth Sequence IV



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Childbirth Sequence V

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Childbirth Sequence VII

Childbirth Sequence VI

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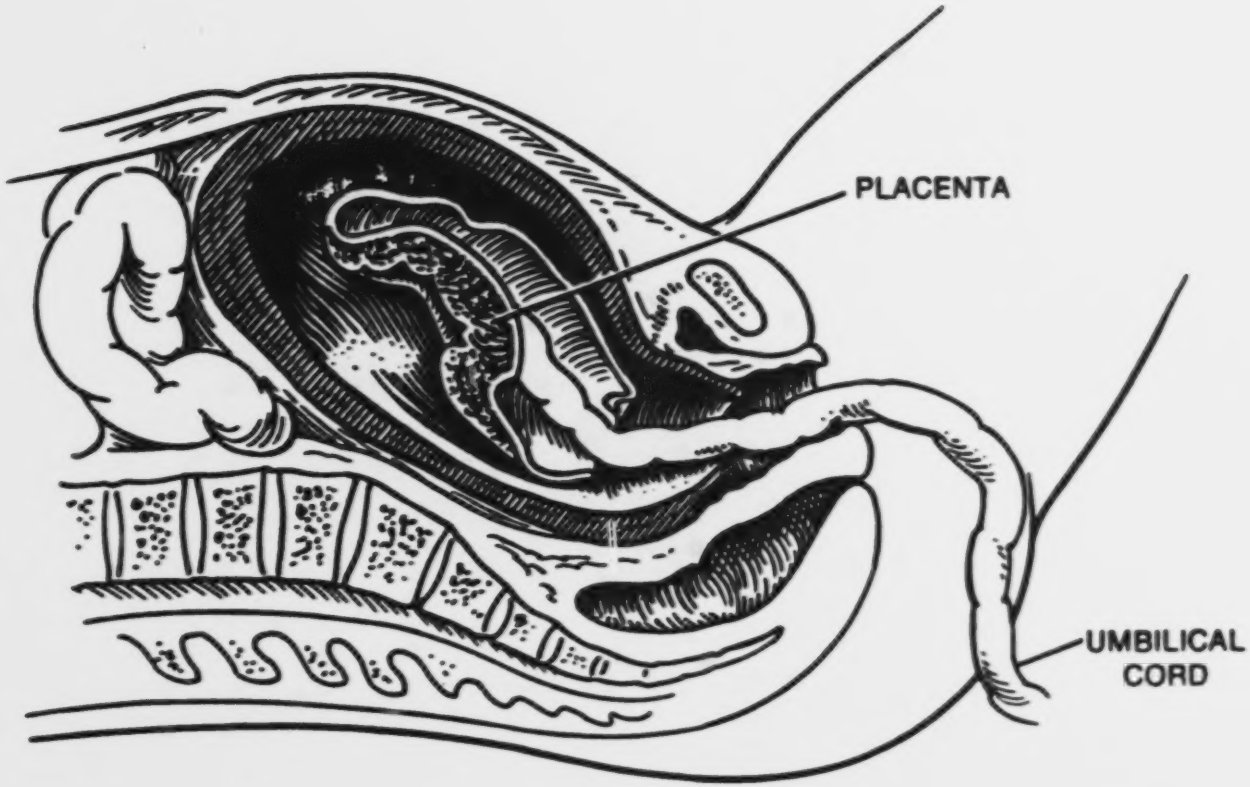
Childbirth Sequence VIII



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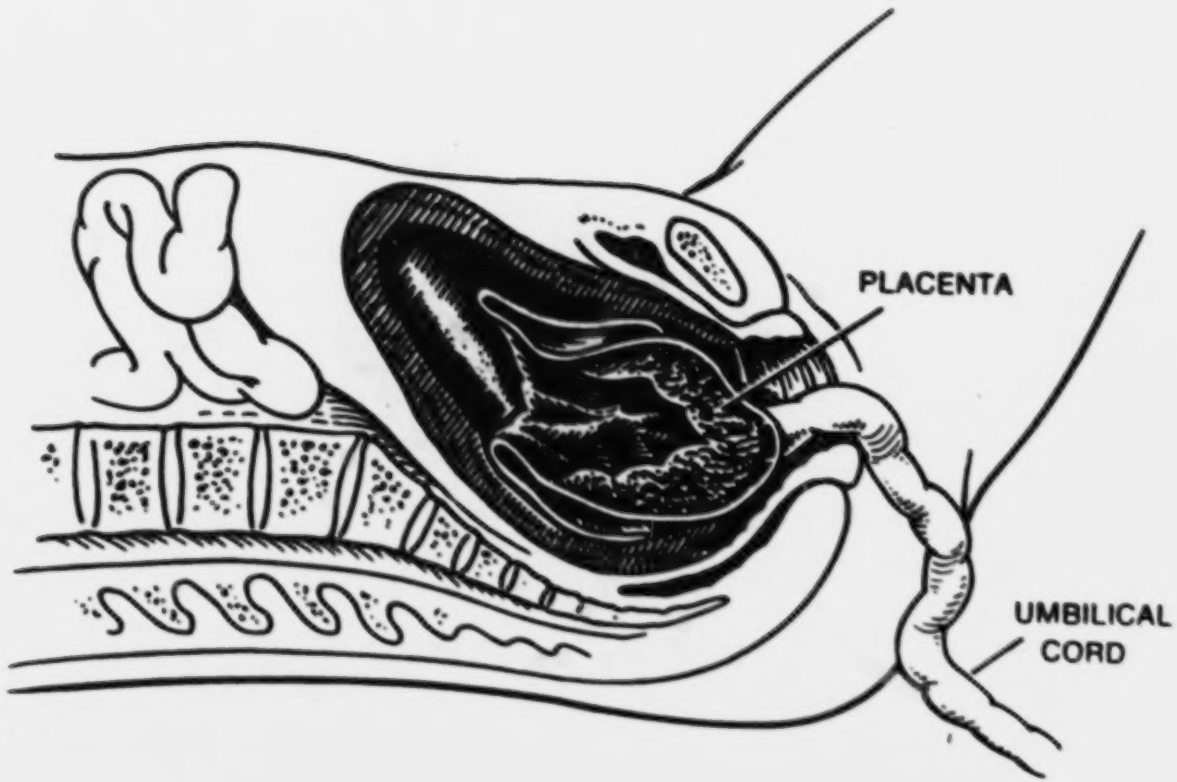
Childbirth Sequence IX



186

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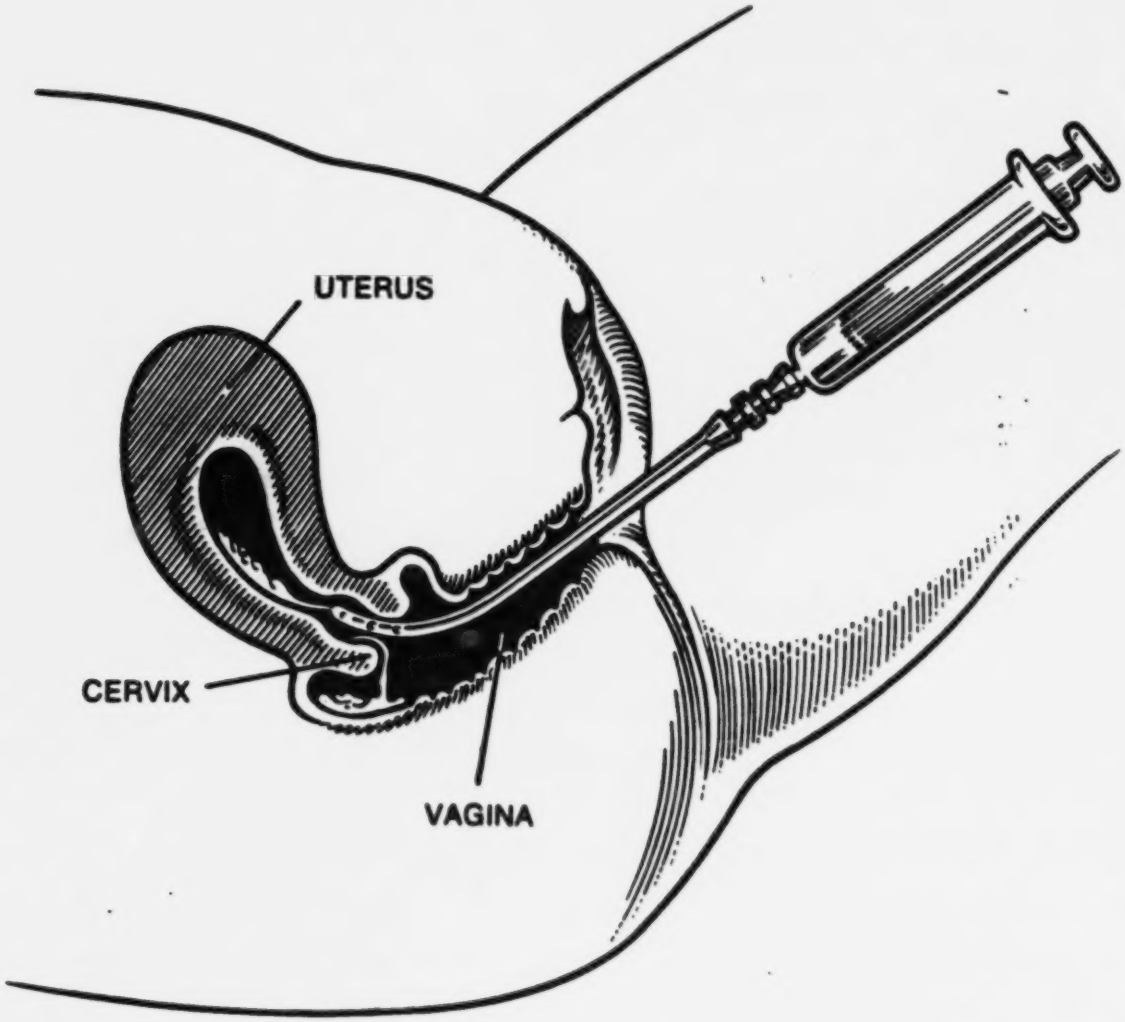
Artificial Insemination



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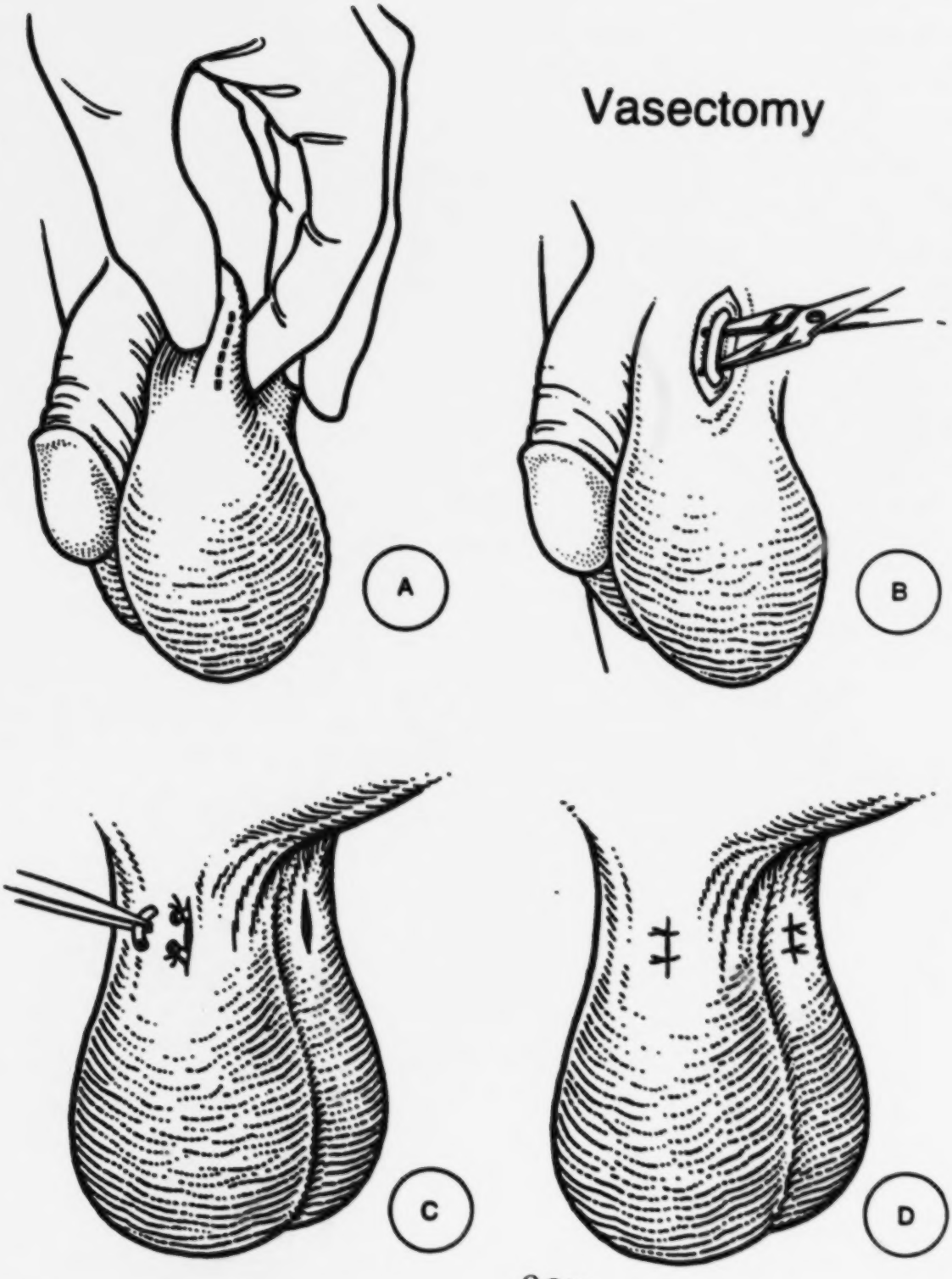
Vasectomy



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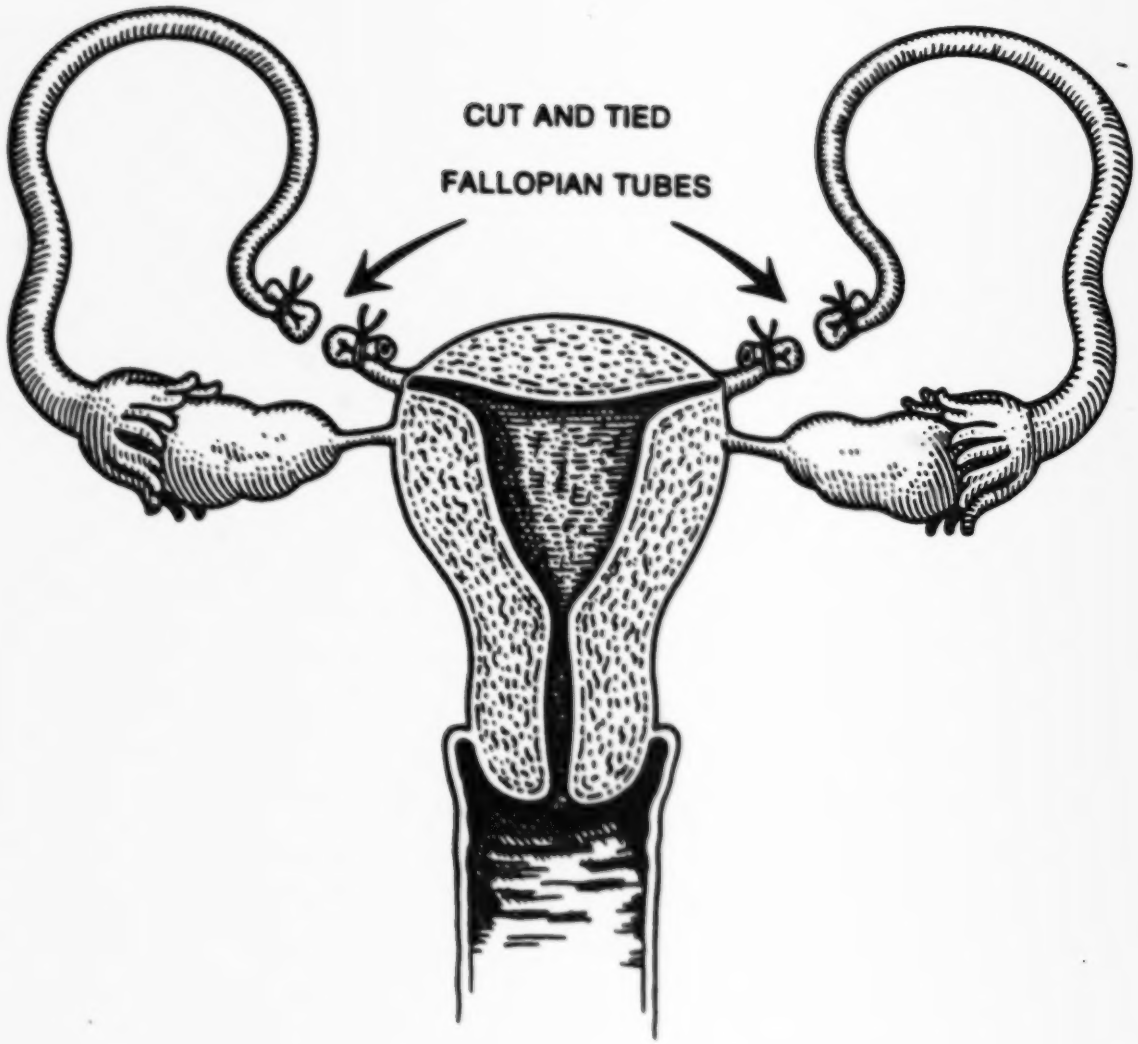
Female Sterilization



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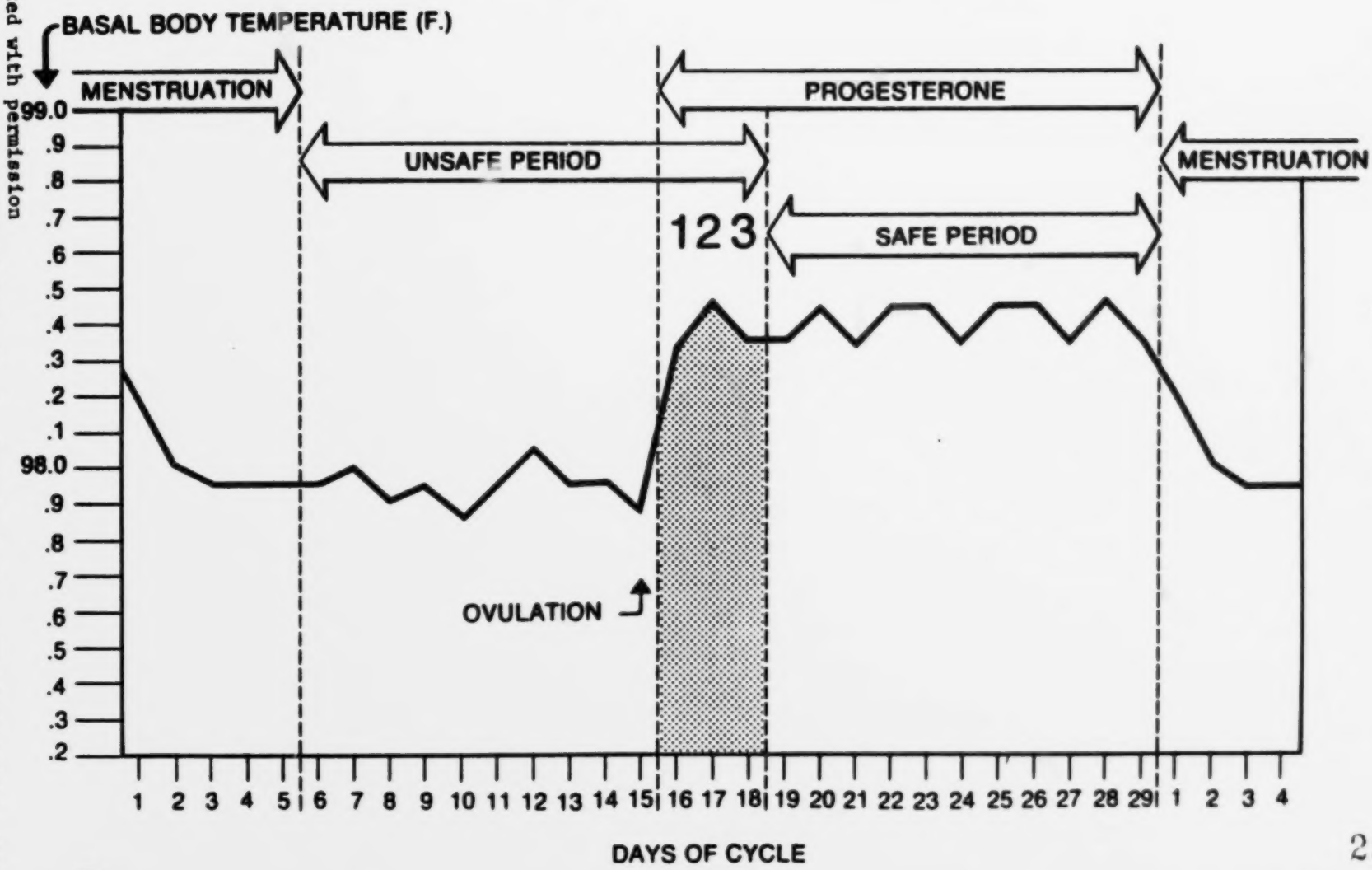
Rhythm Method by Basal Body Temperature



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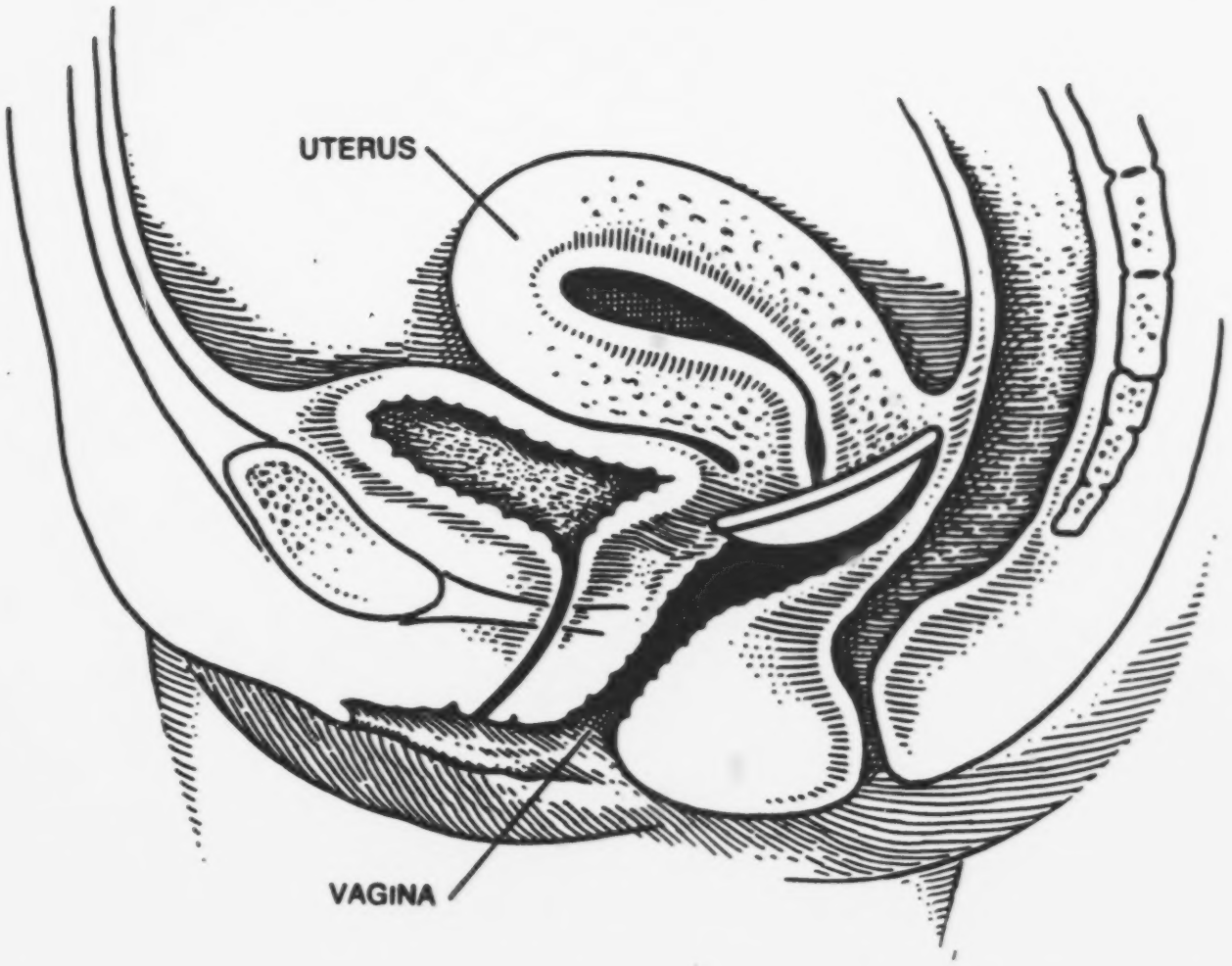
Diaphragm



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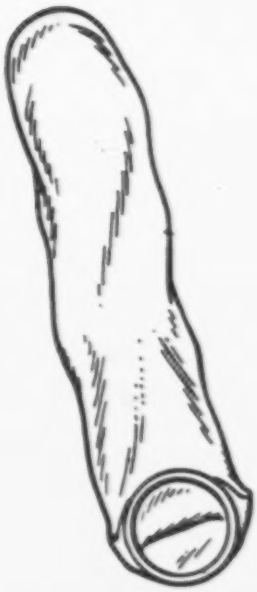
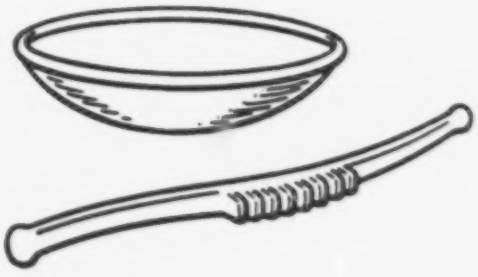
Mechanical Contraception

INTRAUTERINE DEVICES



CONDOM

CERVICAL CAP



DIAPHRAGM AND INSERTION DEVICE

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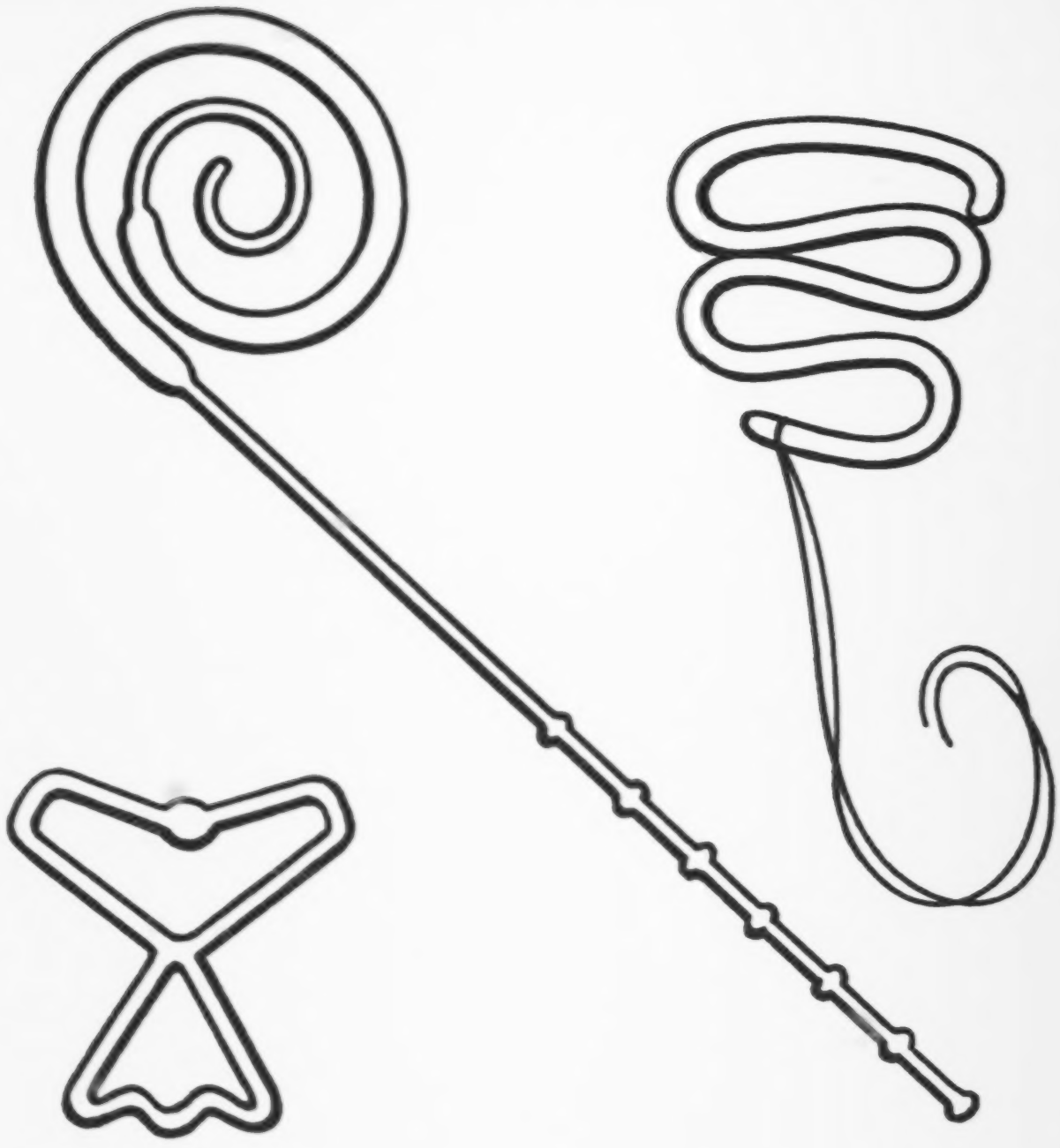

INTRAUTERINE DEVICES

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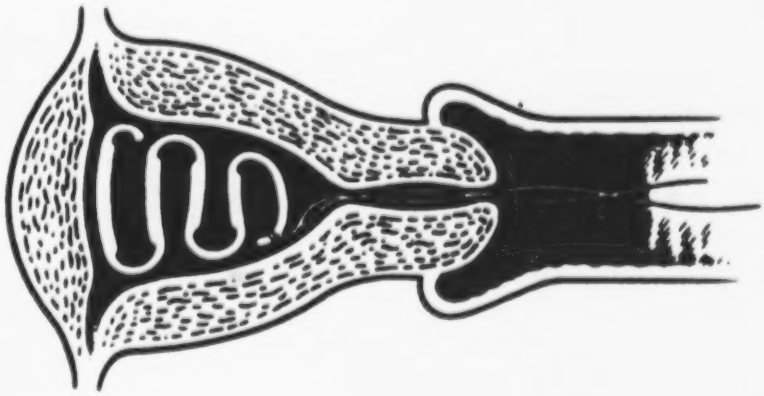
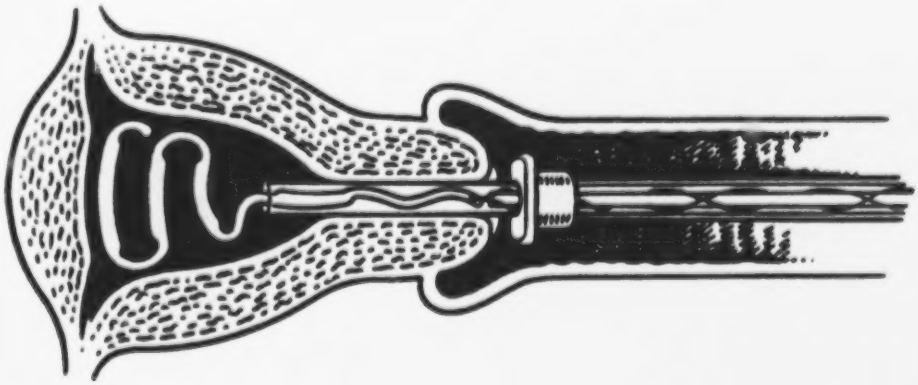
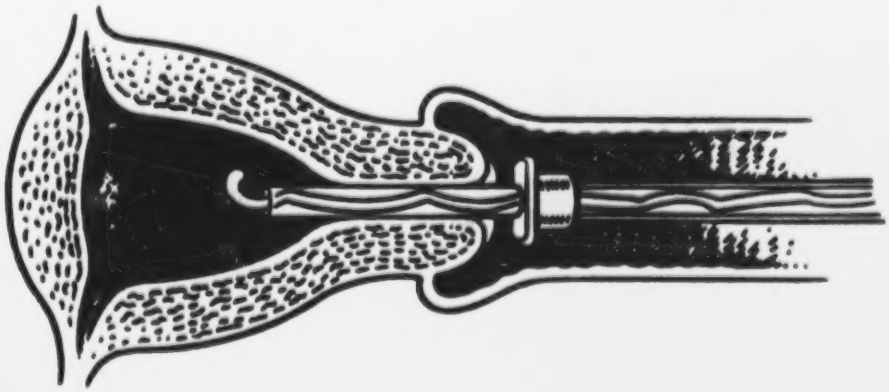


Insertion of IUD





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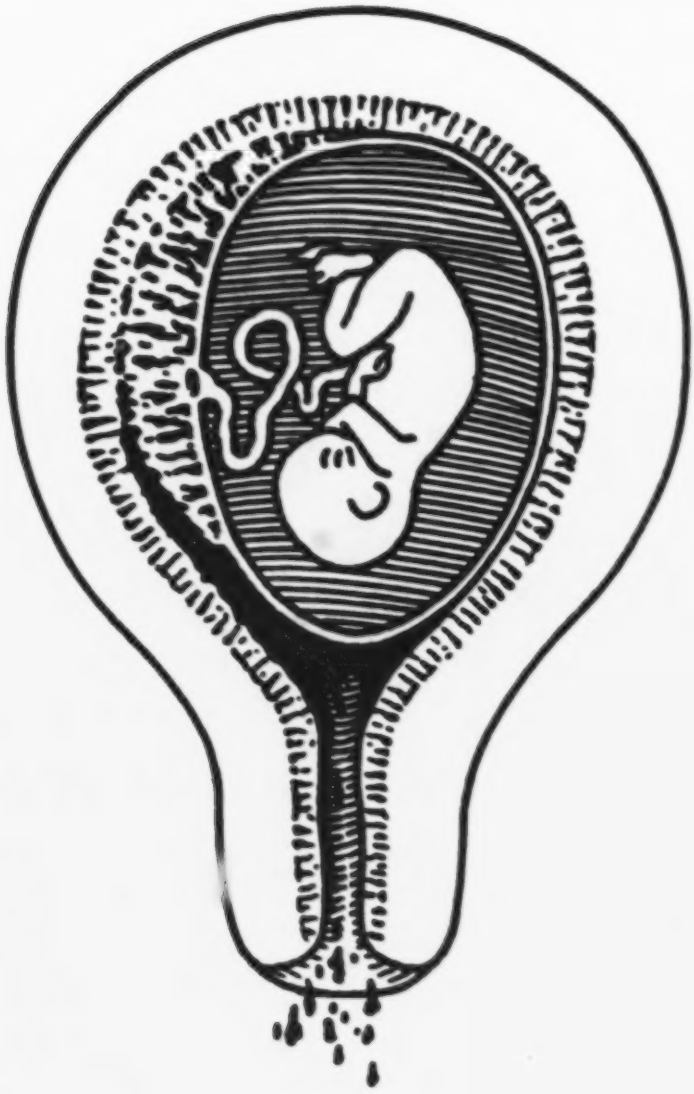

Threatened Abortion

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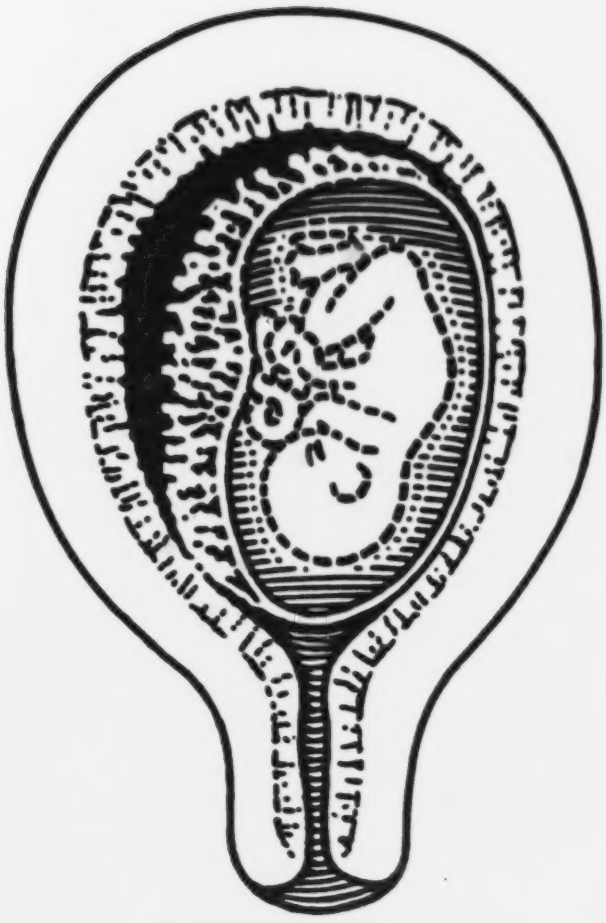

Missed Abortion

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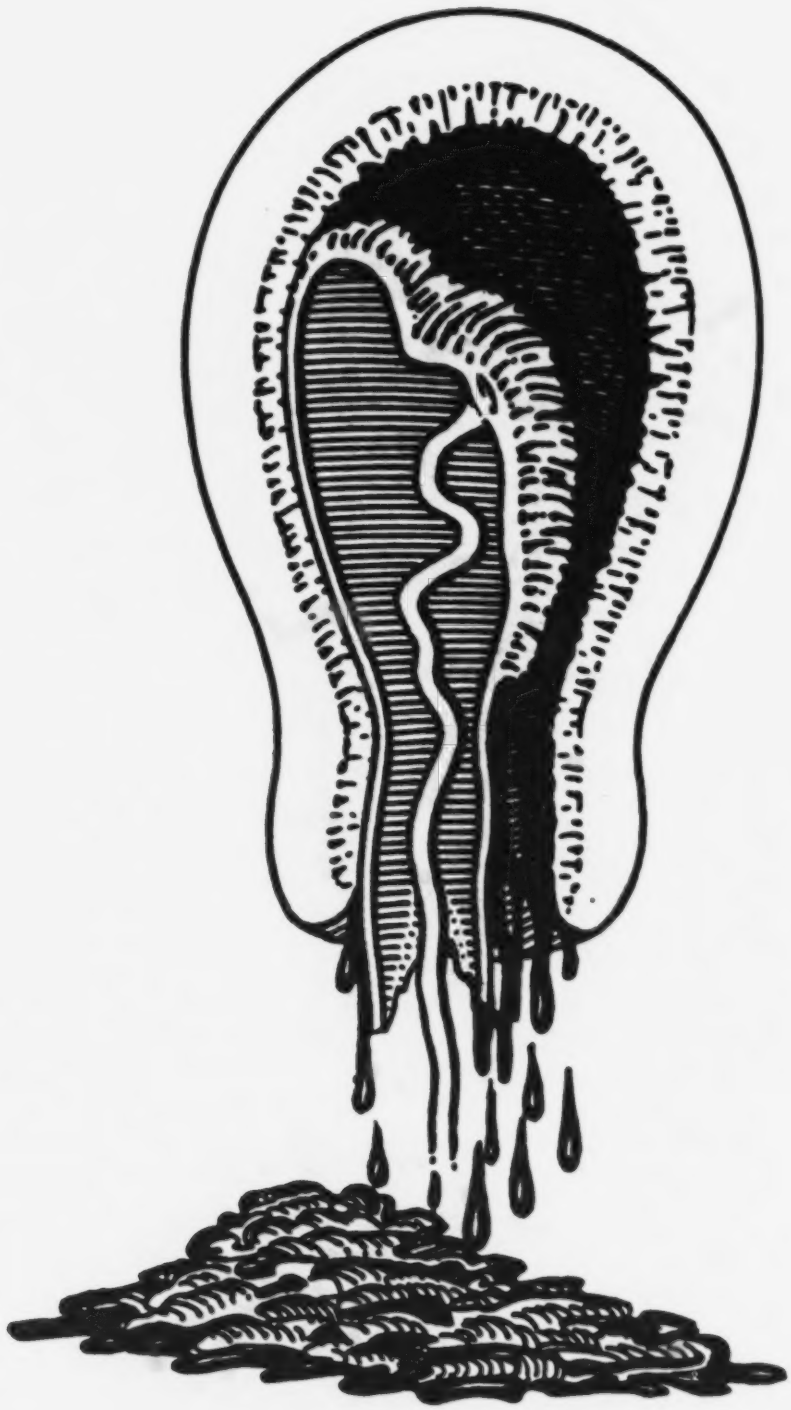

Incomplete Abortion

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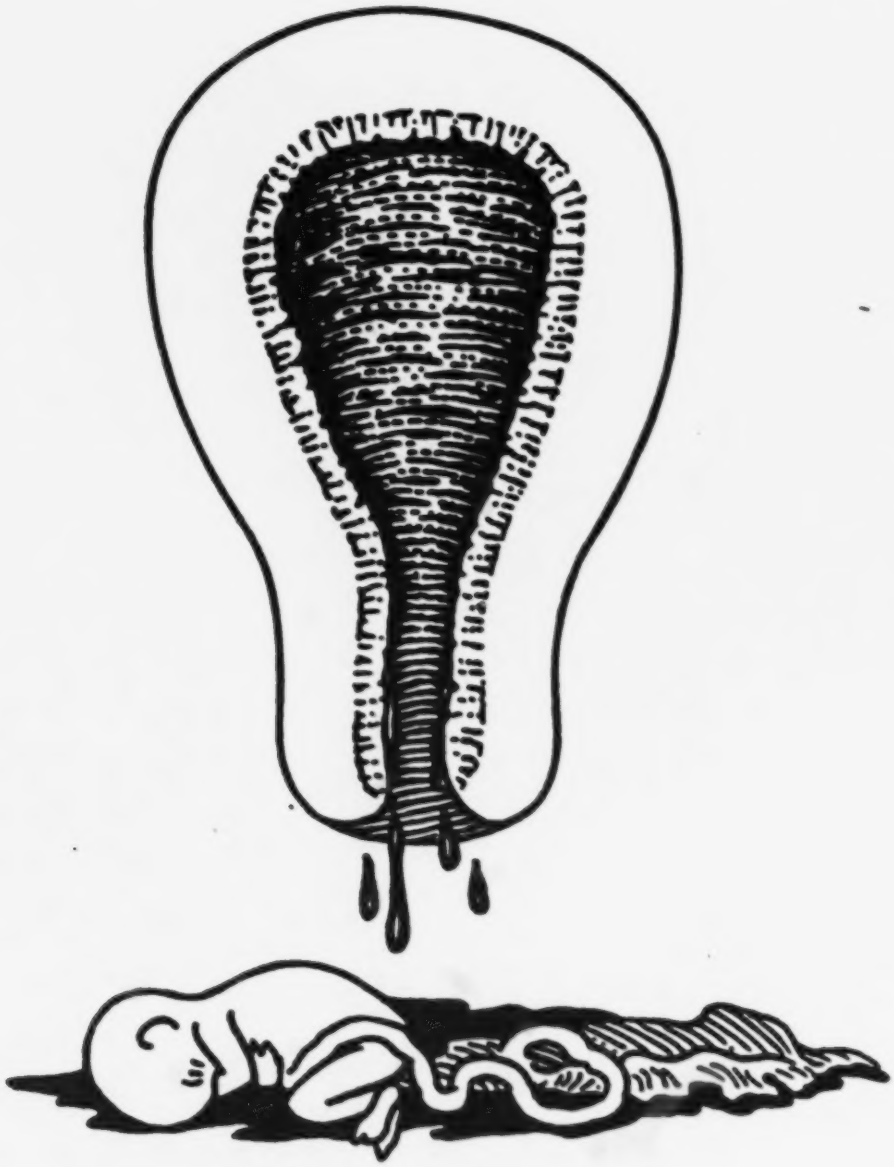

Complete Abortion

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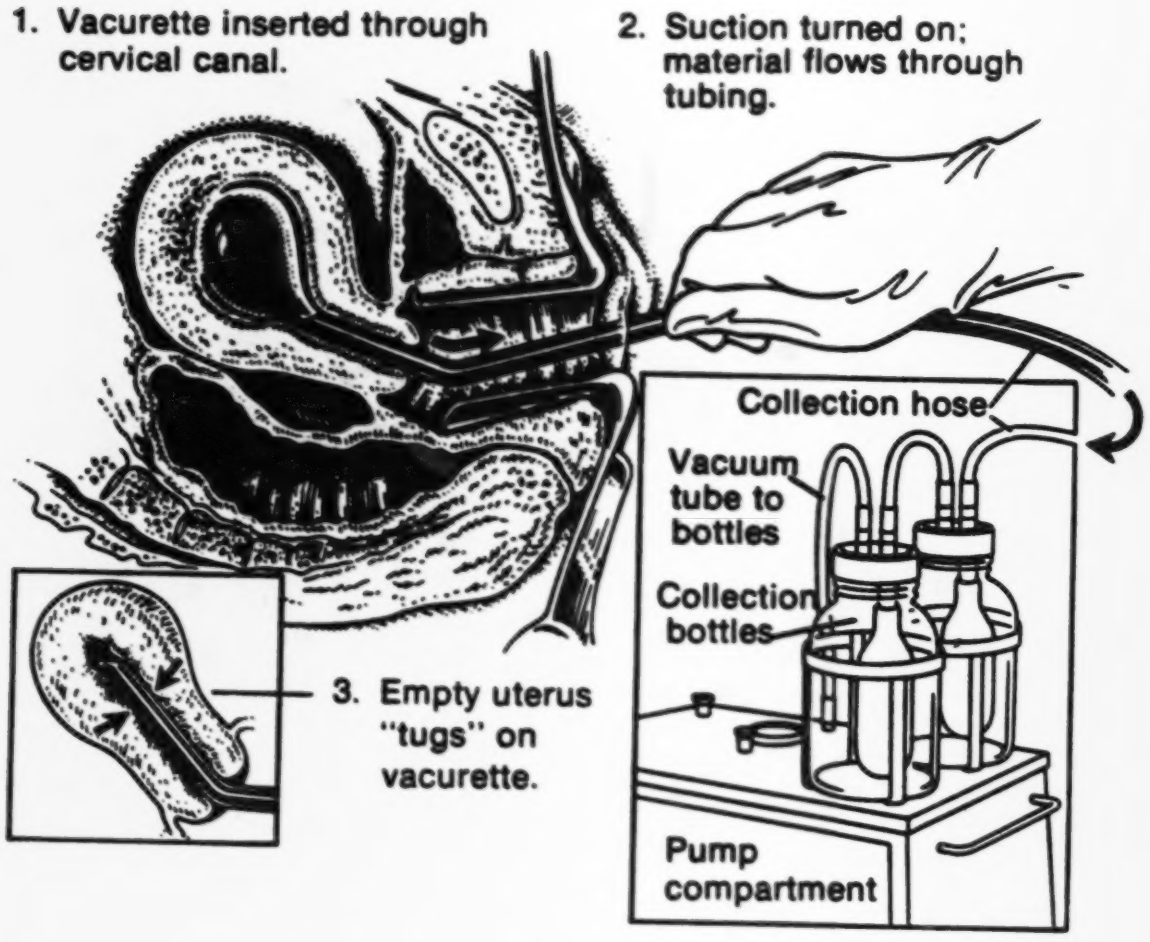
1. Vacurette inserted through cervical canal.
2. Suction turned on; material flows through tubing.
Collection hose
Vacuum tube to bottles
Collection bottles
3. Empty uterus "tugs" on vacurette.
Pump compartment

Vacuum Curettage

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Gonorrhea

. . . IN THE FEMALE

. . . IN THE MALE

Application of Silver Nitrate at Birth

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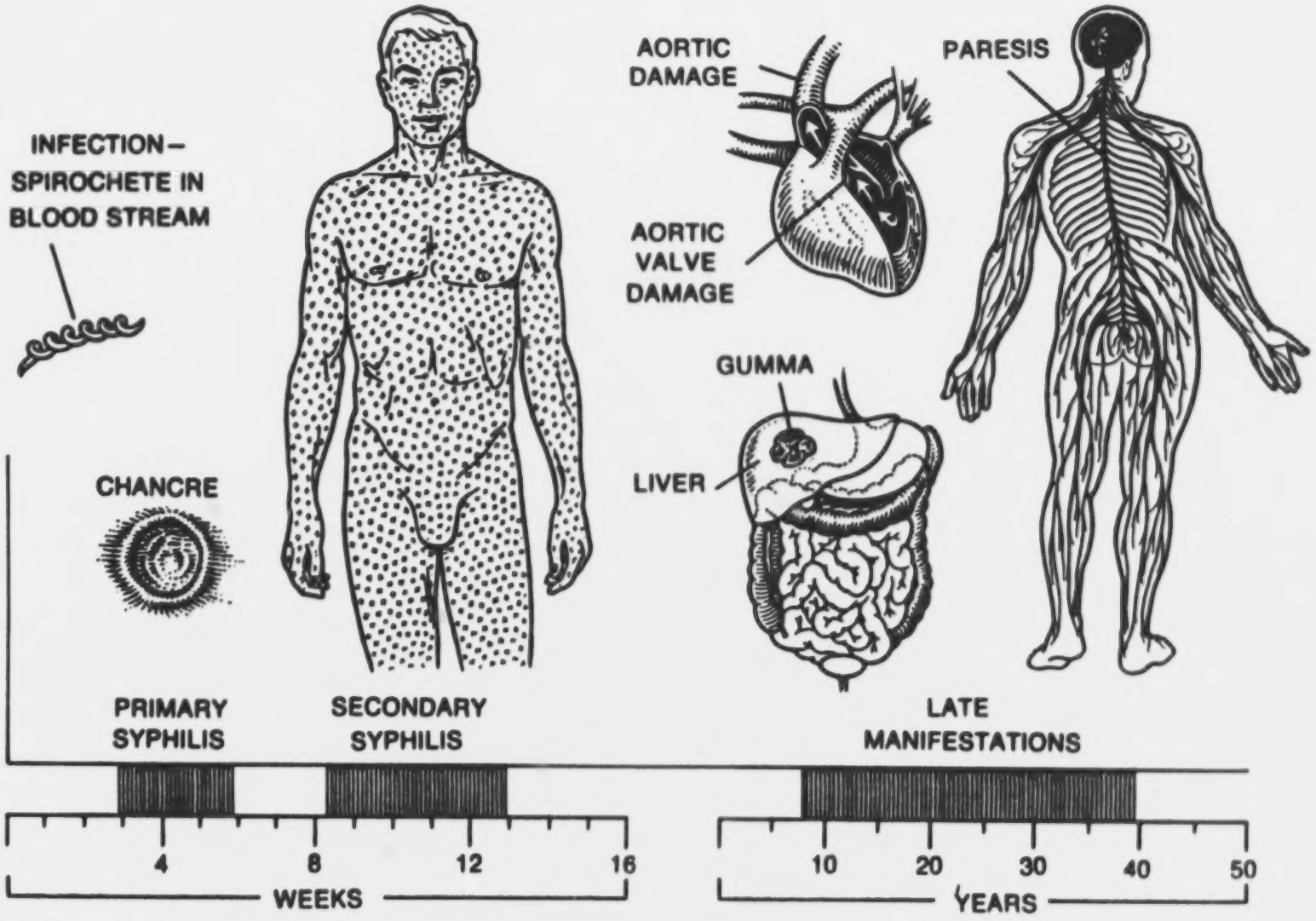
The Stages of Syphilis



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APPENDIX D

Resources

PRINT

Blanzaco, Andre et al., VD: Facts You Should Know, Glenview, Illinois, Scott, Foresman Co., 1970, Level: 9-12.

This book presents information about syphilis and gonorrhea. At the end there is a brief history of VD and steps to be taken by anyone who contracts it. The book also provides questions and answers.

Burn, Helen, Better Than the Birds, Smarter Than the Bees, New York, Abington Press, 1969, Level: 7-12.

The author answers questions from teenagers on biological and medical facts, morality, psychological and emotional themes, popularity, love, and marriage.

Burt, John, Personal Health Behavior in Today's Society, Philadelphia, W. B. Saunders Co., 1972, Level: 10-12.

This is a text written for the college student, but could be used with the talented and gifted high school student. Section Two contains seven chapters that deal with human sexual behavior and associated problems. It includes discussions of the male and female reproductive systems, human sexual response, human reproduction, family planning, and venereal disease.

Burt, John J. and Linda B. Meeks, Education for Sexuality: Concepts and Programs for Teachings, Second Edition, Philadelphia, W. B. Saunders Company, 1975, Level: K-12.

This is a comprehensive and sequential text for teachers on how and what to teach in sex education kindergarten through grade twelve. It presents accurate, up-to-date information and comes with transparency masters for classroom use.

Cox, Frank D., Youth, Marriage and the Seductive Society, Dubuque, Iowa, William C. Brown Company, Publishers, 1968, Level: 9-12.

This text discusses the problems of contemporary middle class youth as they contemplate marriage. The four problem areas discussed are: dating traditions and patterns; premarital sexual behavior; problems of the young marriage; and economic influences. This book stimulates both thought and discussion.

Demarest, Robert and John Sciarra, M.D., Conception, Birth, and Contraception, New York, McGraw-Hill Book Company, 1969, Level: 9-12.

These illustrations are outstanding. They portray conception, birth, and contraception.

Dolloff, Phyliss B. and Miriam R. Resnick, Patterns of Life: Human Growth and Development, Columbus, Charles E. Merrill Publishing Company, 1972, Level: 9-12.

This textbook is written in an informal, anecdotal style and is designed for student involvement. The book utilizes an interdisciplinary approach by integrating biology, psychology, sociology, and anthropology to help the reader better understand himself and his relationships with others. The content includes topics about personal identity, early developmental influences, sexuality, dating, marriage, and living with the older generation.

Duvall, Evelyn, Love and the Facts of Life, New York, Associated Press, 1968, Level: 9-12.

This book includes sections on love, sex, friends, parents, dates, and life.

Fromm, Erich, The Art of Loving, New York, Harper and Row Publishers, Inc., 1956, Level: 9-12.

The author, a well-known psychoanalyst, discusses the theory and practice of love, love as an art, and its disintegration in contemporary western society.

Glassberg, Bert Y., Teen-Age Sex Counselor, (Revised Edition), Woodbury, New York, Barron's Educational Series, Inc., 1970, Level: 9-12.

This book includes true stories of teen-agers. Discussions cover the challenge of necking, infatuation, maturity, differences between the sexes, pregnancy, individual expression of sexual feeling, joint expression of sexual feeling, and promiscuity.

Gordon, Sol and Nina McD. Wollin, Parenting, New York, Oxford Book Company, 1975, Level: 10-12.

This is an excellent text for an introductory course in parenting. It covers mate selection, decisions about parenting, responsible parenthood, reproduction, pregnancy, birth, needs of the newborn, child development, family mental health, children, and sex education.

Hardin, Garrett, Birth Control, New York, Pegasus, 1970, Level: 9-12.

This paperback book presents an overview of birth control information including historical information, various methods, and morality.

Human Sexuality Supplement to Current Health 2, Highwood, Illinois, Curriculum Innovations, Inc., 1979, Level: 9-12.

This periodical is published monthly during the school year. It covers many aspects of human sexuality, is factually accurate, and is not sensational in its approach.

Johnson, Warren R., Juli Johnson, and Douglas Johnson, A Special Time for Parent and Child, College Park, Maryland, 3-J Education Enterprises, 1978, Level: 10-12.

This book deals with an aspect of parenting that is frequently ignored (i.e., the need for parents to become involved with their children regularly during a "special

time"). The "special time" should be a time that is devoted to the children at their level. The book also deals with play and sport readiness and emphasizes a non-sexist approach to child rearing.

Julian, Cloyd J. and Elizabeth M. Jackson, Modern Sex Education, New York, Holt, Rinehart & Winston, Inc., 1972, Level: 10-12.

This book discusses sex, human reproduction, interpersonal relationships, the misuse of sex, venereal disease, and personal standards.

Kelly, Gary F., Learning About Sex - The Contemporary Guide for Young Adults, New York, Barron's Educational Series, Inc., 1976, Level: 9-12.

This book provides accurate information about sex and helps teenagers clarify their sexual needs and values. It provides basic facts in non-technical language and gives suggestions for decision making and developing attitudes about sexuality.

Kelman, Peter and Burt Saxon, Modern Human Sexuality, Boston, Houghton Mifflin Company, 1979, (Revised Edition), Level: 9-12.

This text is designed to help students understand their feelings and clarify their values. It is activity-centered and decision-making oriented, and it realistically treats the physiological, psychological, and social aspects of sexual development and behavior.

Lieberman, E. James and Ellen Peck, Sex and Birth Control: A Guide for the Young, Schoken, 1975, Level: 9-12.

This book encourages sensible and responsible use of birth control by focusing upon many sexual dilemmas and needs of the young. It encourages readers to explore, discover, and clarify for themselves values and principles by which to live their sexual lives. This is also a good book for parents.

Mier, Richard et al., Elephants and Butterflies --- And Contraceptives, Chapel Hill, North Carolina, ECOS, Inc., 1972, Level: 10-12.

This is an inexpensive paperback that presents information about contraceptives in an informal way. It is factually accurate with many illustrations.

Population Reference Bureau, Inc., The World Population Dilemma, Washington, D. C., Columbia Books, 1972, Level: 10-12.

This book is part of an introductory series on the study of population. It presents a factual explanation of population growth, and a balanced discussion of population dilemmas. It includes a very brief description of contraceptive methods.

Van Vleck, David B., The Crucial Generation, Charlotte, Vermont, Optimum Population, Inc., 1971, Level: 10-12.

The author emphasizes that the present generation of teenagers will play a crucial role in future population problems. It includes chapters on anatomy and physiology, human reproduction, contraception, abortion, and population.

Voelckers, Ellen, Girl's Guide to Menstruation, New York, Rosen Press, 1975, Level: 7-12.

This book contains an honest presentation of menstruation. It also includes a frank discussion of female sexuality. It is an excellent book.

Volpe, E. Peter, Human Heredity and Birth Defects, New York, The Bobbs-Merrill Company, Inc., 1971, Level: 9-12.

This book is written for the layman and is interspersed with historical views and attitudes toward congenitally deformed humans. It is recommended for teachers and students.

Winchester, A. M., Human Genetics, Columbus, Charles E. Merrill Publishing Company, 1971, Level: 9-12.

This teacher and learner resource book presents easily understood information on genetics.

Winship, Elizabeth, E. et al., Masculinity and Femininity, (Revised Edition), Boston, Houghton Mifflin Company, 1978, Level: 10-12.

This text encourages students to recognize their sexuality as a key to a healthy self-image. It presents a modern, sensible approach to sex education and family life education. This booklet explores the concepts of masculinity and femininity and aspects of sexuality such as venereal disease and family planning.

Wirsen, C., A Child is Born. The Drama of Life Before Birth, New York, Dell, 1969, Level: 7-12.

This book includes a series of photographs accompanied by an explanatory text.

NON-PRINT

Abortion: A Rational Appraisal, Producer/Distributor: Audio Visual Narrative Arts, 1972, 2 Filmstrips, 2 Records, Level: 10-12.

The program defines abortion and explains the background of the controversy surrounding it. Students are asked to consider the moral, medical, legal, and religious aspects of the issue. The program first points out that abortion, like contraception, has been practiced legally and illegally since the beginning of civilization. It outlines the theological debate about when the fetus becomes a human being, and investigates Hebrew and Roman Law. The sound filmstrip is specifically designed to encourage students to thoughtfully form their own opinions based on history and factual data rather than on emotional arguments.

Advanced Human Torso Model, Producer/Distributor: Nystrom, n.d., Torso, Level: 10-12.

This is a detailed, life-sized model with 26 removable parts and 604 coded structures. The sex of the torso can be changed by switching the reproductive organs. It is highly recommended.

Contraception: A Matter of Choice, Producer/Distributor: Audio Visual Narrative Arts, 1972, 2 Filmstrips, 2 Records, Level: 9-12.

These filmstrips trace the history of man's efforts to control fertility. They summarize state laws governing birth control, and describe and evaluate medically accepted means of contraception.

Diseases of the Female, Producer/Distributor: Spenco Medical Corporation, n.d., 1 Chart, 1 Cassette, Teachers Guide, Level: 9-12.

Diseases of the Female is a wall chart made of plastic. The art work is factual and realistic. Diseases included are breast cancer, lung cancer, benign breast tumors, cystic mastitis, breast abscess, ectopic pregnancy, uterine cancer, ovarian cysts, benign uterine tumors, uterine tuberculosis, gonorrhea, endometriosis, syphilis, and venereal warts.

Diseases of the Male Pelvis, Producer/Distributor: Spenco Medical Corporation, n.d., 1 Chart, 1 Cassette, Teacher Guide, Level: 9-12.

This wall chart is made of plastic. The art work is factual and realistic. Diseases included are crab lice, scabies, lympho granuloma venerium, mumps, penile cancer, syphilis, gonorrhea, inguinal hernia, urethral strictures, scrotal hydrocele, phimosis, prostatitis, and jock itch.

Everything But ..., Producer/Distributor: Guidance Associates, 1969, 2 Filmstrips, 2 Records or Cassettes, Level: 9-12.

In this filmstrip, teenagers discuss problems related to necking, petting, and premarital relationships. The program helps students discuss their views and make personal choices.

Family Planning Today, Producer/Distributor: Guidance Associates, 1970, 2 Filmstrips, 2 Cassettes, Level: 9-12.

This filmstrip probes personal and economic factors which may cause many couples to adopt family planning. It examines family planning in the context of world health and population and discusses contraceptive techniques.

The Future of the Family, Producer/Distributor: Guidance Associates, n.d. 2 Filmstrips, 2 Records, Level: 10-12.

These filmstrips examine past and present trends in family living and project them into the future. They discuss nuclear and extended families, and cluster and communal living. They also consider forces affecting the family such as women's liberation, overpopulation, and aspects of urban and suburban life.

Human Birth, Growth and Development: Facts and Feelings, Producer/Distributor: Warren Schloat, 1971, 6 Filmstrips, 3 Records or Cassettes, Level: 10-12.

Fundamental to each segment of these filmstrips is the concept of the development of the individual from an infant who needs parental love and attention to an adult who is fully capable of sharing his life with another. The filmstrips are titled:

1) "Should You or Shouldn't You? - And When"
2) "About Love: Beginnings"
3) "Sex: Problems and Possibilities"
4) "DNA and You"
5) "The Times They are A-Changing."

Human Development: Dilemmas of Six Adolescents, Producer/Distributor: Concept Media, 1978, 6 Filmstrips, 6 Cassettes or Records, Teachers Guide, Level: 9-12.

These six sound filmstrips deal on a human level with six contemporary dilemmas of adolescents, i.e., pregnancy, alcohol abuse, body image/self concept, loneliness, separation and divorce, and running away. They are titled:
1) "I Didn't Think It Could Happen To Me"
2) "Thank God It's Only Booze"
3) "That Is Why I'm Overweight"
4) "Sometimes I'd Rather Be Alone"
5) "For the Sake of the Children"
6) "I'm On The Run."

Human Development Models, Chicago: Nystrom, 1970, Set of 5 Prenatal Models, Level: 7-12.

This set provides five models of various stages of fetal development. They are life sized and realistic. The set includes a teachers guide and carrying case.

Inside My Mom, Producer/Distributor: March of Dimes, 1980, n.d., 1 Filmstrip or 35 mm Slides with 1 Cassette, Level: 7-12.

The concept that good nutrition is a basic element of life and is necessary for optimum prenatal development is the theme of this entertaining and informative cartoon.

Life Before Birth, Producer: Film Kare Production Company, Distributor: Time, Inc., 1966, 2 Filmstrips, 2 Cassettes, Level: 7-12.

These filmstrips show photographs of actual embryonic and fetal development up to the ninth month. The filmstrips illustrate fertilization, cell division, and implantation. The photographs are excellent.

Love and Marriage, Producer/Distributor: Guidance Associates, 1970, 2 Filmstrips, 2 Records, Level: 9-12.

A teenage couple, an engaged couple, a married couple, and a divorced couple living together discuss adjustments and concepts necessary for a happy married life. A marriage counselor narrates the program and analyzes the participants' opinions and experiences.

More Than Love, Producer: Glenn Educational Film, Inc., Distributor: The National Foundation March of Dimes, 1968, Filmstrip, Level: 9-12.

This filmstrip emphasizes that having a baby is a serious decision and that getting prenatal care is important. It also discusses and illustrates congenital birth defects.

Parenthood: Myths and Realities, Producer/Distributor: Guidance Associates, n.d., 2 Filmstrips, 2 Records, Level: 10-12.

These filmstrips examine common romantic misconceptions about parental "instincts," responsibilities and rewards. They emphasize respect for the individuality of parent and child, and discuss child development, marital life, family interaction, and healthy parental attitudes.

The Physical Me, Producer/Distributor: Nystrom, n.d., 6 Cassettes, Duplicator Masters, Idea Cards, Teachers Guide, Level: 10-12.

This program is made to accompany the advanced human torso model by Nystrom. It helps develop the student's awareness and knowledge of the structures of the body.

Planning for Your Baby, Producer: Sidney Meyer, Creative Communications, Distributor: BFA, 1970, 4 Filmstrips, 4 Records, or 4 Cassettes, Level: 10-12.

These filmstrips provide young women with basic information about pregnancy and the first months at home with the baby. The series describes both the physiological and emotional aspects of pre- and post-natal experiences.

3-M Transparencies, Producer/Distributor: 3-M Company, n.d., 20 Transparencies each set, Level: 7-12.

These sets include, Individual Health and Family Life - Level 7-9; Marriage and The Family: Responsibility and Privileges - Level 9-12; and Conception, Prenatal Development and Birth - Level 9-12.

Understanding Human Reproduction (Revised), Producer/Distributor: Guidance Associates, 1972, 2 Filmstrips, 2 Records, Level: 9-12.

These filmstrips present the male and female reproductive systems. They also discuss conception, pregnancy, and birth.

Venereal Disease Transparencies, Producer/Distributor: Robert J. Brady Company, n.d., 33 Transparencies, Level: 7-12.

This is an excellent set of overhead transparencies for teaching a unit about the two major venereal diseases, gonorrhea and syphilis. It includes modes of transmission, causes, dangers, symptoms,, and cures. Some classic photographs of the first and second stages of syphilis are included.

What Is Marriage, Producer/Distributor: Guidance Associates, 1971, 2 Filmstrips, 2 Records, Level: 10-12.

This fimstrip set analyzes some of the reasons for unhappy marriages and suggests some methods for improving marriage. Single and married people in group marriages, gay marriages, and other living arrangements discuss their reason for choosing these alternatives to conventional marriages.

Young, Single and Pregnant, Producer/Distributor: Guidance Associates, 1972, 2 Filmstrips, 2 Records, Level: 10-12.

In these filmstrips experts and teenagers explore subconscious motivations for becoming pregnant. The filmstrips discuss parental reactions to keeping the child, to adoption, and to abortion; and they consider educational programs for unwed mothers. They emphasize prevention as the easiest solution to problems of unwanted pregnancy.

Young, Pregnant and Alone, Producer/Distributor: MTI Teleprograms, Inc., 1978, 2 Filmstrips, 2 Cassettes, Level: 9-12.

These filmstrips are directed primarily at girls who have become pregnant and choose to have their babies. The issue of abortion is not dealt with or raised in this program. Through the accounts of four girls, two while girls and two black girls, a young person can see how other girls faced and experienced pregnancy and birth. Two of the girls decided to place their babies up for adoption, the other two decided to raise their own child.

Alcohol: Crisis For The Unborn
16 min. 9324
This film deals with fetal alcohol syndrome (FAS), a pattern of physical and mental birth defects. They are caused by a mother's excessive drinking during pregnancy. Before showing the film to students, it is important for teachers to examine their own attitudes about alcohol use, abuse and nonuse. March of Dimes.

Alternate Route (Thinking)
15 min. 9406
Lisa and Kate have a summertime adventure that could be dangerous. Lisa's impulsiveness disrupts Kate's efforts to analyze their situation thoughtfully. Finally circumstances force Lisa to look at the problem, come up with alternatives, and think about consequences before she acts. (On the Level Series) AIT 1980.

Am I Normal?
24 min. 10009
A humorous situation comedy about the experiences boys go through during puberty. Using three fictional characters, it presents facts about male sexual development while simultaneously raising important issues about masculinity, identity and peer pressure. New Day Films 1979.

Am I Wife, Mother...Or Me?
31 min. 9136
A woman who feels she is wife and mother but not "me" leaves her family, giving herself a chance to grow on her own. Her husband is baffled and her children bewildered. She manages, but is amazed at how difficult it is. Focus Area III. Learning Corp. 1975.

Are We Still Going To The Movies?
14 min. 10013
What do boys and girls expect of each other? Is there trust? Is "making out" important? Who gets hurt, who gives and who takes? The couple in this film is experiencing differences of ideas which seem to be threatening their entire relationship. Good discussion starter. (Conflict and Awareness Series). Focus Area III. McGraw Hill Films 1974.

A Very Delicate Matter
30 min. 9023
Each year, there are some 250,000 reported cases of gonorrhea among American teenagers. A few months after a single encounter with a fellow counselor at summer camp, Kristin learns she has contracted VD. She seeks medical treatment,

but is afraid to warn her steady boyfriend that he may also be infected. He makes the discovery himself-but because Kristin has failed to warn him, their relationship is irrevocably damaged. LCA 1983.

Baby Is Born, A
23 min. 9111
A photographic record of the delivery of a couple's first baby. Physical problems common in first births are dealt with as well as the couples experiencing a range of emotions. Because the husband is meaningfully supportive of his wife, the feeling of a family created is never lost. Focus Area III. Perennial 1975.

Behind the Scenes
15 min. 9404
(Accepting feelings)--David hides his feelings about almost everything. Susan, his drama coach, repeatedly tries to get him to express himself. She doesn't realize that David has fallen for her and is beset by guilt, confusion, and insomnia. David must decide whether to tell her how he feels. (On the Level Series). AIT 1980.

Birth Control Movie, The
24 min. 10010
This film provides information about reproductive anatomy and physiology and the methods of birth control in a sensitive and tasteful manner. It addresses the needs of all teens, but especially those who have postponed sexuality. By the end of the film, the central characters have carefully decided that abstinence is the best policy for them. Focus Area III. Health Educators ONLY. Perennial 1983.

Board and Care
27 min. 9428
A moving story about two young adults with Down's Syndrome who are attracted to each other but are not allowed to enjoy a normal boy-girl relationship. Pyramid 1980.

Born Hooked
13:30 min. 9325
A film which views the complex medical, social, and ethical problems related to the pregnant drug addict and to the newborn suffering from narcotic withdrawal. Several women share their most private experiences in this film: fears for their children, their qualms and hopes they have for the future. March of Dimes.

Can A Parent Be Human? (The Family)
11 min. 9018
How can parents make contact with their children? Compares parents who frighten their children, with a father and son who made successful contact. (Searching Years Series). Churchill 1970.

Daddy's Girl (Changing Family Relationships)
15 min. 9396
She's always been Daddy's girl, but now Jean is growing up, and Mac, her dad, doesn't trust his young farm helper Jordan with her. Jean is grounded for seeing Jordan after Mac fired him. She goes to the bus depot to run away. (On the Level Series). AIT 1980.

Date, The
7 min. 10020
This film depicts a dating situation that ends in rape. It is an excellent trigger film for stimulating discussion and thought about sexuality and rape prevention. (Acquaintance Rape Series). Focus Area III. ODN Productions 1978.

Dear Diary
25 min. 9474
This film sensitively and humorously portrays the "agonies" the average 13-year-old goes through as she reaches puberty. An excellent film for classroom use. New Day Films 1981.

Do I Really Want A Child?
28 min. 10012
In this age, to have or not have a child has become much more a prerogative of the individual woman. It is a deeply soul-searching decision. This woman is forty, has a fulfilling job, a long happy marriage and finds herself pregnant for the first time. She and her husband are caught up in their own very mixed emotions and getting conflicting advice from others. The chance to decide (even though it's painful) is progress in and of itself. Focus Area III. Learning Corp. 1975.

Does Anybody Need Me Anymore?
29 min. 9138
Does self-fulfillment for a woman have an age limit? Is 46 too old to begin to look for it? Connie's life, for as long as she can remember, has been a "taken-for-granted" round of raising her children and caring for her husband. Suddenly, all her children except one college age daughter, are gone. Her husband loves her but is aware of her new needs and is afraid he will lose her. Through group discussions she sets up with her friends, and by finding a job, she begins to find new spaces for herself to move around in. She rejoins her husband as an equal. Focus Area III. Learning Corp. 1975.

End Of The Road
7 min. 10022
Shows what can happen to a woman when her car breaks down at night and she is approached by a stranger. The young woman successfully uses assertiveness techniques to prevent herself from being raped. Stimulates discussion about sexuality and rape prevention. (Acquaintance Rape Series). Focus Area III. ODN Productions 1978.

Everybody Rides The Carousel, Part I
24 min. 9341
A series of three films illustrating the eight stages of life as defined by the noted psychologist, Erik Erikson. Part I covers three periods of life: the newborn, the toddler and childhood. Pyramid 1976.

Everybody Rides The Carousel, Part II
24 min. 9342
A series of three films illustrating the eight stages of life as defined by the noted psychologist, Erik Erikson. Part II covers the early school age, adolescence, and young adulthood. Pyramid 1976.

Everybody Rides The Carousel, Part III
24 min. 9343
A series of three films illustrating the eight stages of life as defined by the noted psychologist, Erik Erikson. Part III covers adulthood and old age. Pyramid 1976.

Everyday Miracle: Birth
30 min. 10004
A film about birth and the birth process. This documentary of life, from conception to birth, features unique photographs taken within the womb. Focus Area III. Film, Inc. 1980.

Faces of Birth Defects, The
5 min. 9497
Beverly Sills, National Mothers March Chairman appears in this film reminder of the many different kinds of birth defects and the numerous problems they present. March of Dimes.

Family of Strangers, A
31 min. 9448
A widowed father of two girls marries a divorced woman with one child. Their marriage brings the five people together as a family of strangers in conflict. The film explores adjustments and complexities of their lives together as the family of strangers takes its first strides toward becoming a family of friends. Learning Corp. 1980.

Family Talks About Sex, A
28 min. 10007
This gently, concerned film shows how a family discusses sex over a period of fifteen years as children grow from infancy to college age. Young parents answer their children's sex related questions and teach proper terminology. At later stages of growth the family talks about puberty, pregnancy, menstruation, pills, and marriage. Focus Area III. Health Educators ONLY. Perennial.

Four Young Women
20 min. 10029
A documentary about four women, different in age, race, personality and intelligence, who decide to have abortions for very different reasons. Areas treated are environmental and emotional factors, personal values, the abortion procedure and effective contraceptives. Focus Area III. Perennial 1973.

Getting Together (Love)
15 min. 9401
Dave thinks he's in love with Cindy. When he throws a birthday party for her, her former boyfriend, Rob, crashes it. Cindy and Rob gravitate toward each other throughout the evening, and finally Dave reacts by deliberately dropping Cindy's cake. (On the Level Series). AIT 1980.

Goodbye Lynn
21 min. 10008
A teenage, unwed, pregnant girl tells about her ordeal of facing family, school friends, teachers, doctors and her boyfriend. Focuses on the social reactions of Lynn's plight and the accompanying emotional stresses she must endure. Useful for counseling with general school audiences as well as with pregnant girls. Focus Area III. Centron 1972.

Growing Up Female
12 min. 10038
Using sensitive narration and detailed animated illustration, the film shows adult female anatomy, what occurs during the menstrual cycle, the reproductive cycle and how a baby grows and develops in the womb. It also includes information on birth control. Focus Area III. Filmfair 1980.

Half Million Teenagers Plus, A
17 min. 9049
A physiological examination of gonorrhea and syphilis, and a strong appeal to good sense in seeking treatment. Young people describe experiences and raise questions. Churchill 1974.

Have a Healthy Baby: Labor and Delivery
29 min. 9384
The film follows two couples from the beginning of labor through birth. One delivery is normal, the other difficult. The film is both a teaching film, explaining the physiology and process of birth with extraordinary animation, and a documentary of two couples' feelings, expectations and experiences as they cope with their first pregnancies. Churchill 1978.

Have a Healthy Baby: Pregnancy
22 min. 9385
Animation details the growth of the human embryo from conception through pregnancy. Paralleling the animation, mothers experience some of the joys and discomforts of each stage of pregnancy. Health habits are stressed. Churchill 1978.

How Close Can You Get? (Dating and Marriage)
10 min. 9014
A discussion of marriage. Some people expect total involvement from both partners. Others feel this is too much to expect. (Searching Years Series). Churchill 1971.

How to Say "No" To A Rapist And Survive
52 min. 9112
Rarely has there ever been a film with such vital content as this dynamic presentation of the rape prevention program developed by Frederick Storaska. Recorded on the spot during his appearance before one of the hundreds of concerned groups which have applauded his program, the film captures his unique ability to instill confidence and dispel the anxiety, myths and embarrassment that surround the subject of rape. He offers practical, constructive options that are open to any woman who might find herself in a threatening situation. Learning Corp. 1975.

I Only Want You To Be Happy
16 min. 9158
Helen and Dru are sisters with very different ideas about their roles as females in our society, and their discussions make it clear. What are the proper feminine roles? Are there any? Are sex roles based solely on biological differences between men and women? Is it only women whose lives are restricted by the pressures to conform to "proper" sex roles? (Conflict and Awareness Series). Focus Area III. McGraw-Hill 1974.

I Think I'm Having A Baby
29 min. 10040
A 15-year-old girl is faced with a possible pregnancy by her cousin's boyfriend, a handsome senior whom she has idolized and who has now abandoned her. Frightened and lonely she goes to a clinic where an understanding nurse helps her examine her options. Luckily the tests show that she is not pregnant, but the experience has helped her grow up; she understands the seriousness and responsibilities of sex, and realizes that it isn't immature to say "no." Focus Area III. Health Educators ONLY. LCA 1983.

I Owe You Nothing (The Family)
10 min. 9016
What do children owe their parents and vice-versa? How does money enter in? How can they agree on what is fair? (Searching Years Series). Churchill 1971.

Incest: The Victim Nobody Believes
21 min. 10017
Three young women openly discuss what it's like to be a little girl caught in a web of fear, confusion, isolation, and guilt. Their frank discussion of the typical problems and effects of sexual abuse begins to break down the traditional taboos that have forced the incest victim to remain silent. Focus Area III. J. Gary Mitchell Film Co. 1976.

Is That What You Want For Yourself
13 min. 10030
Fifteen-year-old Debbie Edwards is trying to deal with her sexuality and the problems presented by the possibility of teenage pregnancy. This film is designed to trigger discussions as it honestly presents the dilemmas. Purposely left open-ended, the film makes no judgments and condemns no one. Teen viewers are allowed to answer the question that the title and film boldly proposes. Focus Area III. Learning Corp. 1980.

It Has Nothing To Do With You (Separation and Divorce)
14 min. 9159
Larry returns from an overnight stay to learn that his parents have argued furiously and have decided to separate. Now he must choose between them. Are family fights destructive? Constructive? How instrumental is a child in separation and divorce? (Conflict and Awareness Series). McGraw-Hill 1974.

It's My Decision As Long As It's What You Want (Parent And Child Relationships)
14 min. 9160
Jane Dalton is 16. She want to join a high-spirited girl friend for a Saturday night in a nearby college town. Jane feels she is mature enough to handle more freedom. Mrs. Dalton disagrees. Can parents and children communicate objectively? Why the quarrels? Is fighting communicating? Or is it just a game? (Conflict and Awareness Series) McGraw-Hill Films 1974.

It's Up to Laurie
21 min. 10025
Film focuses on interpersonal relationships and attitudes toward sex, especially dating and premarital intercourse. Focus Area III. Centron 1979.

Jennifer: A Revealing Story of Genital Herpes
28 min. 9499
There is no cure for genital herpes; only avoiding sexual contact during the period of active infection will prevent its spread. Yet many sexually active teenagers and adults are unfamiliar with its symptoms and ignorant of its contagious nature and lasting effects. This film offers an objective educational message for the general public while providing emotional support for persons already suffering with genital herpes. Focus Area III. Health Educators ONLY. NIH/NIAID/Byron Film Labs. 1982.

Just One Of The Boys
7 min. 10021
This trigger film is about peer pressure and how it sometimes contributes to involvement in rape. It stimulates thought and discussion and is very highly recommended. (Acquaintance Rape Series). Focus Area III. ODN Productions 1978.

Like Other People
37 min. 10016
A deeply moving film dealing with the sexual, emotional and social needs of the mentally or physically handicapped. The two central characters are cerebral palsy patients who by using their own words, make a plea to humanity for the understanding that they are "real" people. Focus Area III. Perennial 1973.

Matter of Respect, A
25 min. 10037
This film is designed to emphasize the male role in sexual responsibility. It focuses on the relationship between Tommy and Angela who decide to be sexually active and their attempt to deal with the consequences of the behavior. Focus Area III. National Institute of Mental Health.

Me, A Teen Father?
13 min. 10035
This film presents a teenage pregnancy from the view of the "father." It covers the parents' responses and explores the positive and negative responses felt by the young man. Focus Area III. Centron 1980.

Menstruation: Linda's Film
18 mn. 10024
Gives history, description and myths associated with menstruation. Gives personal feelings of individuals about menstruation. Includes choices of protective devices. Focus Area III. Phoenix Films 1974.

My Dad Lives In A Downtown Hotel
34min. 9118
With the high rate of divorce, many children must resolve their conflicting feelings about their parents' separations. The child in his film feels the divorce was his fault but finally understands that although his parents no longer live together, they both still love him. Doubleday 1975.

My Mom's Having A Baby
47 min. 9273
Nine-year-old Petey's mother is pregnant and his parents are happily planning for the new arrival, but Petey and his friends have serious misconceptions about pregnancy and birth. Peter's mother suggests that his pediatrician, Dr. Lendon Smith (a real-life practicing pediatrician and TV's widely-known "children's doctor") explain about human reproduction. Dr. Smith invites Petey and his friends to his office to see a film about childbirth that combines animation and live action. Time-Life 1977.

Not My Problem
18 min. 10026
A film about teenage sexuality, from the boy's point of view. Concepts of birth control are lightly touched upon. Terms and responsibilities of pregnancy are presented. Focus Area III. Barr Films 1979.

Old Enough to Know
20 min. 9200
Shows children in a day care center. Depicts their curiosities about life - sex, success, difficulties, etc. Film points out that if child is old enough to ask, he is old enough to have direct, truthful answers. Perennial 1973.

Party Game, The
7 min. 10019
Portrays a girl at a party who is picked up and later raped. It shows how poor communication can lead to acquaintance

rape. It is an excellent trigger film for stimulating discussion about sexuality and rape prevention. (Acquaintance Rape Series). Focus Area III. ODN Productions 1978.

Pregnancy Prevention: Options
17 min. 10032
Teenagers who choose to become sexually involved need and want to know how unwanted pregnancies can be prevented. The true facts provide valuable information to help young people take sensible precautions, and to understand the importance of being responsible about their sexual relationships. Focus Area III. Aims 1981.

Prenatal Development
20 min. 9191
Traces the formation and development of the human embryo/fetus. Excellent endoscopic photography. Focus Area III. McGraw-Hill 1974.

Prisoners of Chance
23 min. 10034
Based on real characters, this film shows the problems, philosophies and lifestyles of several teenagers who have become parents. Focus Area III. Filmfair 1979.

Reaching Out
32 min. 9470
This is a love story, but the two teenagers portrayed here are people with extraordinary needs. One is physically handicapped; the other is emotionally troubled. This film raises important questions about sexuality and the disabled, about the "forgotten" youngsters who are shunted off into group homes, and about the very important and universal experience of learning to love another human being. Learning Corp. 1980.

Rock-A-Bye Baby
30 min. 9110
In the years from birth to three, the mother-child relationship is paramount in human development. The stimulation of all senses is a basic requirement for the development of healthy children. This film examines some of the techniques psychologists use to weigh and measure mothering practices around the world. Time-Life 1971.

Rollin' With Love
5 min. 10005
An animated film about homosexuality. Focus Area III. Focus Internat'l. Inc.

Running My Way
27-1/2 min. 10033
This is a film about communication and sexuality as a common human experience. It focuses on the many sensitive issues, dilemmas, conflicting societal messages, parental denials, peer pressures, and the personal values and decision confronting a 14-year-old girl and her 15-year-old boyfriend. Focus Area III. Children's Home Society of California 1981.

Sally At 13
18 min. 9433
At this emotionally charged period in her life, Sally suffers a lot of pain and confusion. She and her friend Beth talk about their fears, giggle about things they are just beginning to comprehend, wonder about the future. Their very down-to-earth friendship helps them both gain the confidence they need. Perennial 1979.

Same Inside, The
13 min. 3260
This film meets with four children with birth defects. Talking about themselves - what they like to do and how they cope with their handicaps - they demonstrate that feelings can transcend external differences. March of Dimes 1983.

Schoolboy Father
30 min. 10041
Charles, a 16-year-old middle-class youth from a single-parent household, desires to care for the baby he helped create instead of allowing the girl to give the baby up for adoption. Focus Area III. Health Educators ONLY. LCA 1982.

Sex Role Development
23 min. 9189
Examines the influence that sex roles and stereotypes have on almost every facet of people's lives, the ways they are instilled in successive generations of Americans, and the ways in which some people are currently trying to find better models for human behavior. McGraw-Hill 1974.

Shelley & Pete...(& Carol)
23 min. 10036
Shelley and Pete are high school students who are very much in love. Shelley becomes pregnant and decides to keep the baby. This film explores the effects of parenthood on the lives of teenage couples. Focus Area III. National Institute of Mental Health.

Single Parent Family
14-1/2 min. 9478
Explores the typical problems confronting a single, custodial parent and the children. (Family Life: Transitions in Marriage Series). Centron 1981.

Special Time, A
16 min. 9206
Discusses the importance of parents taking time to spend with their children . . . listening to them . . . talking to them . . . enjoying them. 3-J Educational Enterprises.

Step Family
13 min. 9480
Both parents of the original family have remarried. This film explores problems and adjustments of step families for both the parents and the children. (Family Life: Transitions In Marriage Series). Centron 1981.

Stepparents -- Where Is The Love
16 min. 9270
An excerpt from the 1970 film, Smoke, presents a story about a teenage boy who finds it difficult to accept his stepfather. Shows how the boy runs away when a family crisis develops and how, when he returns he has begun to understand and appreciate his stepfather. Disney 1975.

Surrounded (Peer Group Membership)
15 min. 9399
Kelly's mom says she can go to the beach for a weekend only if she tells her friends she has epilepsy. Afraid that her friends will reject her, Kelly has to decide whether to take the risk and tell the truth. (On The Level Series). AIT 1980.

Sweet Sixteen and Pregnant
28 min. 10006
This film is about five girls from various backgrounds who wrestled with the problems and pressures of teenage pregnancy while barely out of childhood themselves. Focus Area III. Health Educators ONLY. MTI 1982.

Teenage Father
30 min. 10023
A documentary drama of a seventeen year old boy who shares his thoughts about the experience of being involved as an unmarried teenager in an unplanned pregnancy. Focus Area III. Children's Home Society of California 1979.

Teenage Pregnancy: No Easy Answers
22 min. 10031
Young, sexually active teenagers often don't think of pregnancy as a very real consequence of sexual intercourse until pregnancy occurs. Adoption, abortion, marriage or single parenting -- those are the choices facing 15-year-old Susan, and none of them is a choice she wants to make. A dramatic film that helps young people understand the consequences of teenage pregnancy. Focus Area III. Barr Films 1980.

Then One Year
19 min. 9166
This film is on the primary and secondary changes at adolescence in boys and girls. Combines the information in "Boy to Man" and "Girl to Woman" for those wishing to present information on both sexes to both groups. Churchill 1972.

To Be Assertive
16 min. 9294
There is a movement today to be assertive without being aggressive. Women are especially active in it because society has stereotyped them as quiet, meek and passive. This film says: You have a right to say no; you can assert yourself without being obnoxious; you can disappoint others; you can speak up; you don't have to explain yourself. Billy Budd.

VD Blues
21 min., 22 min., 19 min. 9104 (3 reels)
This educational package is hosted by Dick Cavett. The first segment, "Gonorrhea: VD is Nothing to Clap About," establishes the atmosphere: a casual, mature but animated concern. It deals with the symptoms, effects, treatment and prevention of gonorrhea. The second segment "Syphilis: The Gift That Keeps On Giving" covers the same areas but concerns itself with syphilis. The final segment "Don't Give A Dare" contains general information with emphasis on the human and social implications of venereal disease. Modern Talking Pictures.

VD: Every 30 Seconds
17 min. 9106
Explains the nature of venereal diseases, and particularly emphasizes how untreated venereal disease can prevent a boy from ever becoming a father or a girl from being able to have a baby. Shows the symptoms of VD, and stresses the importance of going to a doctor if you even think you might have contracted one of the diseases. Alfred Higgins Prod. 1971.

VD -- Name Your Contacts
21 min. 9047
Venereal disease can be effectively treated today, but to combat its spread requires the cooperation of every person who has come in contact with it. We see a realistic portrayal of how young people, faced with the possibility or reality of being infected with venereal disease, cope with their individual situations. Coronet 1968.

VD: Old Bugs, New Problems
20 min. 9296
Along with a growing venereal disease problem, new research has identified many other diseases that are also transmitted through sexual contact. Because of this, some health officials have replaced the term VD with STD . . . sexually transmitted diseases. This comprehensive survey includes the "old bugs" as well as the "new problems," and reminds individuals of their responsibilities to themselves as well as to others. Alfred Higgins Prod. 1979.

VD -- Play It Safe
14 min. 9482
A series of short vignettes explaining the facts of VD. Content includes: how VD is contracted, symptoms, where to go if you have it, and treatment of the various diseases. Deals with Herpes, syphilis and gonorrhea. Centron 1980.

Venereal Disease -- The Hidden Epidemic
17 min. 9105
Traces the history of venereal diseases and attitudes toward them. Examines the two major venereal diseases -- gonorrhea and syphilis. Describes the symptoms and demonstrates their cycles of appearance and disappearance. Identifies the early signs of syphilis and gonorrhea and tells of the importance of getting competent medical help promptly. Emphasizes prevention and what should be done to prevent the spread of venereal disease. Alfred Higgins Prod. 1972.

Venereal Disease: Why Do We Still Have It?
21 min. 9297
Excellent discussion of symptoms of VD and steps necessary to effect a cure; stresses ones individual responsibility to prevent a VD epidemic. Perennial 1977.

Wait Until Your Father Gets Home (The Family)
11 min. 9019
Male vs. female roles, especially dominance. Should the man run the family, or the woman, or should they share? (Searching Years Series). Churchill 1971.

War Of The Eggs, The
27 min. 9115
A dramatization about an unhappy young couple who vent their hostilities on their two-year-old son. Focus Area III. Paulist Prod. 1971.

We Are Woman
29 min. 9119
Tracing the historical origins of the traditional role of women, this film dramatizes how conditioning starts early in life and is reinforced in the home, school and later in work situations. Motivational Media 1975.

What About McBride?
10 min. 10014
Two boys are discussing whom to invite on a rafting trip, and John says, "What about McBride?" Ben answers a firm no, because he believes McBride is homosexual. The discussion slowly becomes heated as each boy airs his views. What is a homosexual? Why is it such a difficult subject to talk about? Should a gay person be regarded as different? Or strange? (Conflict and Awareness Series). Focus Area III. McGraw-Hill 1974.

Marriage: When's The Big Day?
14 min. 9165
Just prior to their own marriage, Dorie and Alan visit old friends who have been married for a year. The marriage is not going well, yet Dorie and Alan refuse to see how similar problems could beset them. Why do so many young marriages fail? What are the chances of success? Are young people prepared for marriage? What must one feel to make a permanent commitment? Can that feeling be trusted to last? (Conflict and Awareness Series). McGraw-Hill 1975.

Who Am I? (Developing Self-Concept)
15 min. 9397
Tyrone is not the outstanding athlete and scholar his dead brother was. Wanting to be a star saxophonist, he lets school slide and takes a late-night job at a nightclub. His employer and his parents help him reach a better understanding and acceptance of himself. (On the Level Series). AIT 1980.

Woman-Child
15 min. 10018
Depicts the growing health problems of teenage pregnancy. Six case histories presented. Focus Area III. Nat'l Foundation/March of Dimes. 1978.

Woman's Place
52 min. 9281
The traditional role of women in American Society, and how that role is changing, is examined in this film narrated by Bess Myerson. Examples from the media - plus interviews with prominent women - trace the influences that create and perpetuate the "traditional" role. Xerox 1974.